

WOMEN'S NARRATIVES OF HEALING FROM THE
EFFECTS OF CHILD SEXUAL ABUSE

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in the Department of Community Health & Epidemiology
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ABSTRACT

The health of women is compromised by the experience of sexual abuse in childhood. Women who have been sexually abused in childhood say they are ‘healing’, but there is little literature on this healing process. The purpose of my research is to gather stories of healing from women who were sexually abused in childhood, analyze them, and learn about healing. The themes that emerged were integrated with a chronological restorying of the women’s narratives and the literature, resulting in a model of healing that addresses the complexities of women’s lives.

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For my parents
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LIST OF ABBREVIATIONS

ACOA	Adult Children of Alcoholics
CSA	Child Sexual Abuse
DES	Dissociative Experience Scale
DID	Dissociative Identity Disorder
IV	Intravenous
PTG	Post Traumatic Growth
PTSD	Post Traumatic Stress Disorder
SE	Somatic Experience (Therapy)
TV	Television
Women CSA	Women who have been sexually abused in childhood

CHAPTER 1

INTRODUCTION

1.1 Motivation

While comparable and reliable estimates of the true incidence of child abuse and maltreatment in Canada are not available,¹ it is believed that the number of girls sexually abused in childhood ranges from between one-in-three to one-in-five.²⁻⁴ Child sexual abuse is recognized as a major public health problem.⁵

I have worked with women who were sexually abused in childhood (women CSA) for many years, including as a director of a community-based healing centre for women CSA. When women talk to me about healing from child sexual abuse, they refer to more than their physical health. While physical well-being is a goal for women CSA, they also consider healing to include the ability to sleep through the night, to go to the doctor, to resolve a depression, to deal with addictions, to return to university, to return to work, or to be well enough to parent their children. Interventions in adulthood typically take the form of programs such as mental health services, sexual assault centers, and counseling agencies. These organizations and programs offer important support and services for a population that is often marginalized and silenced. However, it is not clear what role these services play in addressing the needs of women in healing from the effects of child sexual abuse.

There is much literature available on therapeutic interventions for women who were sexually abused in childhood, but there is little research available on the healing process itself. Given the high numbers of women who were sexually abused in childhood, the gap in our knowledge on the healing process has relevance both for those who work in the area of women's health, and for women who were sexually abused in childhood. This research addresses that gap in the literature.

1.2 Research Goal

This research attempts to understand how healing from child sexual abuse occurs from the perspectives of the women. The goal of this research is:

1. to hear women's stories of healing;
2. to understand the meaning of their stories;
3. to learn about healing in the context of child sexual abuse: and,
4. to analyze, structure and interpret the stories in order to contribute to the body of knowledge about healing from child sexual abuse.

This research is not about the psychology of child and adult development, about treatment approaches or interventions, nor about how life experiences or trauma intersect physiologically to produce change in a person. While health and healing traditionally fall into a biomedical perspective, one that includes psychology and the field of therapy, this research transcends disciplinary perspectives. In this research, I draw predominantly from the literature in medical anthropology, feminist theory, and trauma and abuse. In order to contribute to the body of knowledge on healing from child sexual abuse, the healing experience as conveyed in women's stories is analyzed in a manner that considers the individual, social and political self, rendering visible what has been invisible.

1.3 Approach

Understanding that violence is a part of the social condition of many women's lives, that women are vulnerable to violence and coercion, and that there continues to be personal and social silencing about child sexual abuse, it is important to recognize relationships of power and gender, regarding child sexual abuse in general and in the research process. In this research, I consider child sexual abuse within the broader structural relationships of power.

Child sexual abuse is emotionally abusive to a child's sense of self, trust and personal safety, and disrupts expected social roles, relationships and behaviours. In this research, it was important to proceed with integrity in order not to inadvertently replicate a pattern of abuse towards the participant's sense of self, trust and personal safety.

The therapeutic literature on recovering from child sexual abuse is framed in a deficit, trauma and interventionist manner. The methodology chosen here considers women from a life story perspective, rather than from a trauma or interventionist manner. This makes it possible to understand the research participants as whole, rather than as individuals with a diagnosis.

The implication of the word ‘healing’ is that there is a material body that can be fixed or repaired by an external source, a healing expert. This assumption presupposes a mind-body dualism of either body repair or mind repair that can be accomplished either by the body repair expert, the medical professional, or the mind repair expert, the therapist. Sexual abuse of children starts with a child’s body, and therefore the subjective self. Both sexual abuse and the body exist within a social and political context. With the life story perspective, the body and the subjective self were considered as they emerged in the stories, allowing the body to be considered in the social and political context.

There is a broad multi-disciplinary literature on the body. In a discussion on the body as a means of analyzing cultural constructs related to health and well-being, I consider my findings in light of Scheper-Hughes and Lock’s description of the three bodies: the individual, the social and the political.⁶ The individual body is the lived experience of the body, the self, including mind, matter, psyche, soul, self and their relations with each other, which are highly variable. The social body is a body that experiences a constant exchange of meanings between the natural and social worlds, and is representative of a natural symbol to think about nature, culture and society. The political body is the body that is regulated, watched and controlled in reproduction and sexuality, work, leisure and sickness. This approach provides a conceptual approach for an investigation of healing from sexual abuse that makes it possible to recognize power, gender and violence. Hacking’s language of the ‘soul’ will be used interchangeably with ‘self’ in this document to convey the non-unitary subjective self that is the body.⁷ For a woman to consider herself as someone who was sexually abused as a child, memory and remembering is particularly relevant. Edward Casey’s study of memory will be used as a basis for memory analysis in relation to healing from child sexual abuse.⁸

In order to explore the meaning of healing from women’s perspectives, in a manner that addresses their lived experience, a narrative approach is used. While intending to interview between six and twelve women, after minimal recruitment, fourteen women volunteered to

participate in this research. This speaks to the importance of this work on the part of women who were sexually abused in childhood. Each of the fourteen women told their stories of healing over two lengthy interviews. The transcripts were first analyzed using holistic content analysis, in which I considered the stories as a whole in order to determine emerging themes and patterns.^{9,10} I then restoried the narratives temporally by using a problem-solution narrative structure approach.¹¹ Relationships of power, embodiment and the social context are considered, both for the women and their stories, and for myself as researcher regarding my relationship with the research participants and with the analysis and findings.

1.4 Contributions

The contributions of this research are:

1. **Women's Stories of Healing.** Some research has been published on life trajectories or stories of healing from child trauma or sexual abuse. This research contributes to that body of knowledge. However, unlike the research presented here, the research published to date assumes a trauma discourse, and does not consider the sexually abused body in its social and political context.
2. **Themes.** Four main themes emerged from a holistic content analysis of the women's stories: naming, remembering and memory; support; challenge; and, body. In relation to other research in the area, the themes, 'naming, remembering and memory' and 'body' are the most novel. The presence of each participant's body is woven through and with the other themes and the broader stories of healing.
3. **A Pattern of Healing.** The women did not tell their stories chronologically, they told their stories thematically or episodically, with the occasional nod to temporal sequence. In order to understand the healing narratives from a broader perspective, a temporal sequence analysis of the stories was conducted that led to a restorying of the women's narratives. The restorying tells a new tale, one that becomes an emerging pattern of healing.
4. **An Integration of Two Narrative Analysis Techniques: Thematic and Temporal.** A research approach was used that integrates two distinct narrative

analysis techniques, holistic content analysis (thematic) and restorying data analysis (temporal). In this manner, the healing narratives were understood both thematically, with an emphasis on the body, and from the broader perspective of a temporal sequence analysis.

5. **A Model of Healing.** The pattern of healing emerging from the women's stories when considered along with the salient themes and the literature led to a model of healing. The model reflects the stories of healing in relation to women's bodies, memories, and the social and political world. The model is perhaps the most significant result to be followed up in future research.

1.5 Dissertation Structure

This dissertation has nine chapters. Chapter 1 introduces the thesis. Chapter 2, Background and Related Work provides a discussion of the relevant literature. Chapter 3, Methodology, includes a summary of the methodology, research methods, and analysis. Chapter 4, Profiles, provides an introduction to, and brief background on, each of the fourteen research participants.

Chapter 5, Naming, Remembering and Memory, discusses three of the four main themes: naming, remembering and memory; support; and challenge. Chapter 6, Restorying presents a chronological re-telling of the stories in light of the themes in Chapter 5. Chapter 7, Body, is devoted to the fourth theme, body.

Chapter 8, Healing, considers the findings in light of the healing process, and provides a model of healing that integrates the findings and the discussion from the previous chapters. Chapter 9, Conclusion concludes the dissertation, restating my contributions and suggesting areas for future research.

1.6 Summary

This research used a narrative methodology to hear fourteen women's stories of healing from the effects of child sexual abuse in order to understand the stories themselves, and the meaning of the stories. This led to an understanding of the healing process that includes the body in the individual, social and political context. I developed a model of healing

that conveys the complexity of the women's narratives, and the process of healing from the context of the body and the subjective self in relation to the social and political world.

I conclude that the women are healing from an assault on the self, manifested by an assault on the body. I searched for an answer to the question: How does healing from child sexual abuse happen for women, and this led me to wonder what it is that the women are healing from. Through the acts of sexual abuse, ownership of her soul is contested. What she is healing from is a theft of the most personal nature. These stories of healing are about the body speaking of the violence and its presence in her body, and most importantly, about women reclaiming their selves.

CHAPTER 2

BACKGROUND AND RELATED WORK

This chapter provides background on child sexual abuse (CSA) and on health and healing from CSA. In addition, narrative research on healing from child sexual abuse is presented followed by discussions on memory and child sexual abuse, and on the body and child sexual abuse.

2.1 Child Sexual Abuse

This section provides background on child sexual abuse by first describing its history and the awareness of child sexual abuse as an issue. Subsequently, a definition of child sexual abuse and its prevalence is provided, followed by discussions addressing child sexual abuse and secrecy, and child sexual abuse and women.

2.1.1 History of Child Sexual Abuse

In 1962, Dr. Henry Kempe coined the term ‘the battered child syndrome’, which had a significant impact on the understanding of harm to children as ‘child abuse’ rather than the previously framed notion of neglect or cruelty to children.^{12,13} In the 1960s, child abuse and neglect meant physical abuse and neglect. Sexual abuse was absent from the discourse.

Awareness of sexual abuse of children existed for police officers, social workers, psychotherapists, and ministers of religion at that time, but sexual abuse in the family became an acknowledged social problem only after 1975, when “it was left to feminist activists to make public sexual abuse of children as child abuse.”¹² Kitzinger notes that prior to the mid 1980s the mass media recognized child sexual abuse in occasional ‘flurries’ “around abductions and rapes by strangers, and incest was rarely mentioned.”¹⁴ “Sexual abuse was known by a roll call of murdered children and profiles of particular individuals,” until the 1980s and 1990s, when it became a high profile issue.¹⁴

Widespread public awareness of sexual abuse occurred in 1977, when an article was published in *Ms. Magazine* on incest. It was at this point that sexual abuse in the family became defined and understood as a social problem. At this time, rape was redefined as an act of violence rather than a sexual act, and understood by feminists as “a method of political control, enforcing the subordination of women through terror.”¹⁵ In his discussion on the making of child abuse, Ian Hacking suggests that there were significant consequences to the widespread public awareness of sexual abuse:

One of the most striking consequences of the post-1975 uncloseting of family sexual abuse is that many women and quite a few men now see themselves as having been sexually abused. Many feel a great relief: finally they are able to talk about their experiences. Some resent being forced to recall what they had repressed. But there is the phenomenon of retrospectively seeing events as abusive which were not directly and consciously experienced as such at the time.¹⁵

In addition to reactions of relief as well as resentment by people who had been sexually abused, Hacking is suggesting that because of this new public awareness of sexual abuse, events not previously considered to have been sexual abuse, could now be understood in that way, providing a new meaning for past experiences.

Much of the public awareness of sexual abuse as a problem was the result of media attention. Jenny Kitzinger argues that the media has played an important role in how the public conceptualizes child sexual abuse. She contends that with the attention from the media, the monopoly that abusers had over the reality of abuse was challenged and they were not able to silence their victims as effectively. The experience and reality of sexual abuse became publicly redefined largely through the media, and people who had been sexually abused were then able to identify their own abuse and to speak about it publicly. Private and public discourse about the sexual abuse of children was opened up “for both personal reflection and community discussion.”¹⁴ The flip side of the media attention on child sexual abuse is that the issue was “sometimes obscured, de-politicized and personalized”¹⁴ and the problem itself was minimized as a result. Kitzinger argues that the power of the media, media that includes fiction as well as hard and soft news, is vital because it provides examples for women who have been sexually abused. There is an interplay between what is being conveyed in the media and what women understand about themselves and their experiences. Social awareness, and construction of, child sexual

abuse as an issue had a personal as well as a social and political impact. It is important to consider who defines the issue, and how it is defined.

2.1.2 Definition and Prevalence of Child Sexual Abuse

As defined in the Canadian Incidence Study of Reported Child Abuse and Neglect, sexual abuse occurs “when a child is used for sexual purposes by an adult or youth. Sexual abuse includes fondling a child’s genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials.”¹³ In the epidemiological literature, Wolfe defines child sexual abuse as “any sexual experience between a child and an adolescent or adult, and is the result of someone in a position of trust, therefore of authority and power over the child, abusing that privilege.”¹⁶ Suggesting that “we need a reasonably valid and cross-culturally sensitive definition of child sexual abuse,” anthropologist Nancy Scheper-Hughes suggests that whatever the definition, “child sex abuse represents a disruption of expected social roles, relationships, and behaviours.”¹⁷ Regardless of how child sexual abuse is defined, it is recognized that child sexual abuse is emotionally abusive to the child’s sense of self, trust and personal safety.^{6,18,19}

Determining prevalence of child sexual abuse is challenging. For example, across Canada different definitions, reporting procedures and surveillance approaches are used.⁴ While comparable and reliable estimates of the true incidence of child abuse and maltreatment in Canada are not currently available,¹ it is believed that the number of girls sexually abused in childhood ranges from between one-in-three to one-in-five.²⁻⁴ In the Canadian Child Maltreatment Surveillance Report, it is noted that “what little is known about the incidence and prevalence of maltreatment worldwide suggests that these phenomena are at epidemic proportions in both developed and less developed countries.”¹⁶ Scheper-Hughes questions the universality of CSA, relevant to the framing of child sexual abuse as a pathology that is part of the human condition. Given this understanding of child sexual abuse as pathological, it can be construed or understood to be simply an unfortunate but predictable aspect of nature,¹⁷ behaviour that is explicable and unchanging. Because there is more of child sexual abuse

in some places and among some groups than others, while the prevalence and the type of abuse shift over time and across cultures, we would need to know a

great deal more about the kinds of social and institutional relations that foster or inhibit child sexual abuse before concluding that “it” is everywhere and for all time.¹⁷

2.1.3 Silence and Secrecy of Child Sexual Abuse

Judith Herman states “isolation, secrecy, and betrayal destroy the relationships that would afford protection.”¹⁵ The messages children who are sexually abused hear, are ‘keep this a secret’, ‘no one will believe you, you don’t matter’, ‘you chose to do this’, ‘you are dirty’, and ‘don’t tell or you, or someone you love, will be hurt’.²⁰ The language of silencing is powerful. In a discussion on poststructuralist theory, Chris Weedon states:

the common factor in the analysis of social organization, social meanings, power and individual consciousness is *language* [sic]. Language is the place where actual and possible forms of social organization and their likely social and political consequences are defined and contested.²¹

Secrecy and the silencing of children not only enables the sexual abuse of children, it affects children’s relationships with the people who could support them.

In order to escape accountability for his crimes, the perpetrator does everything in his power to promote forgetting. Secrecy and silence are the perpetrator’s first line of defense. If secrecy fails, the perpetrator attacks the credibility of his victim. If he cannot silence her absolutely, he tries to make sure that no one listens.¹⁵

2.1.4 Women and Sexual Abuse

Violence is part of the social condition of many women’s lives: millions of girls and women are sexually abused every year.²² This research is not about the women’s sexualities, although in their healing process they might address their sexual selves. This research focuses on women, because girls are at increased risk of being abused, because gender is a social determinant for health, and because currently I work with women who were sexually abused in childhood. Ninety-eight percent of sexual abuse of girls is committed by men, and eighty-three percent of sexual abuse of boys is committed by men. Boys are more likely never to have disclosed incidents of sexual abuse to anyone,²³ an indication of the success of silencing about CSA for children in general.

The success of the feminist movement in breaking the secrecy of the sexual violence of women and children and taking it into the public and political worlds had a cost.

Now that the courts are more open to hearing allegations of child sexual abuse, the stakes are much higher and everyone – victims, accused and professionals alike – are frequently compelled to play by the rules of the judicial system. This is rarely the framework most conducive to revealing the multi-leveled reality of life experiences, much less facilitative of the deep healing desired by many survivors of childhood sexual abuse.²⁴

Women who have navigated the judicial system have become sensitized to the many levels of silencing that can occur there. Jennifer Hoult provides a comprehensive account of her experience of being silenced both in childhood and then as an adult navigating the judicial system as a victim of child sexual abuse.

I have become aware of the parallel between the intimidation and silencing in the microcosm of the abusive family and in the macrocosm of a society that is ill at ease in dealing with the abuse of children.²⁵

Jackson and Scott argue that women have been vulnerable to male sexual violence and coercion, and at the same time, are held responsible for both their own and their assailants' behaviour.²⁶ Regardless of the body response on the part of the child, childhood sexual abuse is not about acts of sexuality on the part of children, yet acts of sexual violence towards children are inherently caught up in the politics of sex.

Historically enormous efforts, from chastity belts to property laws, have been made to control female sexuality and to tie women to individual men through monogamous heterosexual relationships.²⁶

Child sexual abuse is seen as a means of heterosexist normative control. Child sexual abuse is also caught up in the politics of the family. The view of the family is layered, seen as nurturing and protective, and at the same time, the family is seen as neglectful, abusive and as a means of social control.²⁷ The family is constituted as a means of social control, sexual violence is understood to be a form of social control:

Many Feminists have developed analyses of sexual violence which have underlined the ways in which it serves as a mechanism of social control, keeping women in their place.²⁶

Sexual abuse is a form of social control that victimizes children, leading them in adulthood to a position of 'victim'. The term used by women who were sexually abused in childhood, to describe themselves has changed over the last twenty years from 'victim' to 'survivor'. The label survivor is used extensively in the literature, but to date I have found

no literature that explores the meaning of the word itself. In the Merriam-Webster OnLine dictionary, ‘survive’ is defined as:

sur-vive

intransitive verb

1: to remain alive or in existence: live on

2: to continue to function or prosper

transitive verb

1: to remain alive after the death of

2: to continue to exist or live after

3: to continue to function or prosper despite: withstand²⁸

The women in the community I work in use the word ‘survivor’ to describe themselves, suggesting the word has more meaning to them than that of simply remaining alive.

2.2 Health and Healing

The following subsections describe health and healing, beginning with health impacts of CSA, and followed by trauma, therapy, healing and voice.

2.2.1 Health Impacts

Child sexual abuse is recognized as a major public health problem.^{5,29–31} Women who were sexually abused in childhood are at increased risk of experiencing poverty, underemployment, unemployment, lower education, and increased social isolation compared to the rest of the population. Women who were sexually abused as children experience effects such as shame, fear, isolation, psychological and psychiatric problems, continued abuse and physical distress. There was found to be a relationship between the severity of sexual abuse and impairment in health-related quality of life.^{32,33} There is an association between child sexual abuse and various medical conditions, such as irritable bowel-type symptoms,³⁴ increased risk of HIV infection,³⁵ and smoking onset.³⁶ Women who were sexually abused as children often avoid seeing a doctor or a dentist, and either avoid physical examinations or dissociate for that portion of their visits.^{6,18,19}

Adult female CSA survivors report reluctance in addressing their healthcare needs and avoid visits to healthcare professionals. Several reasons for this include: seeing healthcare visits as intrusive, violating and uncomfortable and, most significantly, triggering painful memories of childhood abuse. Moreover, CSA survivors express difficulty in trusting healthcare providers.³⁷

One of the main findings in a Saskatoon study² on the direct medical costs for women who were sexually abused as children compared to the general population, was that the cost of insured health care services was 4.1 times the population average after adjusting for age and gender. The average cost of prescriptions was 9.4 times the population average, and the cost of their emergency hospital visits was 1.5 times the population average. In another report,¹ research participants used significantly more emergency room visits and were more likely to visit the emergency room for pain-related complaints than other participants.

It is a common experience for many women who have been sexually abused as children to experience years of misdiagnosis and ineffective treatment for medical and mental health problems. There is evidence of an association between child sexual abuse and medical conditions, including “chronic pelvic pain, gastrointestinal disorders, irritable bowel syndrome, and recurrent headaches” as well as “a higher prevalence of medical problems, somatization, high-risk behaviours, family physician visits, hospitalizations, and surgeries.”³ Women who reported sexual victimization before the age of 18 were more likely to report poor perceptions of general health, to have sustained a serious injury in adulthood, to have a miscarriage or stillbirth, to have acquired a chronic mental health condition in adulthood, and to have used drugs than women who had not been sexually abused in childhood.³⁸ The World Bank has estimated that in industrialized countries, “sexual assault and domestic violence take away almost one in five healthy years of the lives of women between the ages of 15 – 44.”²²

Women who have been sexually abused in childhood describe the following effects: guilt, over responsibility, eating problems, fear, triggers/flashbacks, dissociation, drug/alcohol use, suicidal ideation, powerlessness, secrecy, isolation, self blame, erosion of trust, perceptions of helplessness and chronic danger, and hyper vigilance to danger.³⁹⁻⁴¹ Feelings of powerlessness may be translated into behavioural passivity or, conversely, as controlling behaviour. Examples of long-term effects include depression, anxiety, anger, fear, numbing of feelings, and dissociation.

In a literature review of dissociative experiences of women who were sexually abused as children, Joanne Hall defines dissociation as:

Significant discontinuity in awareness, perceptions, bodily sensations and/or memory that is self-reported; meets psychiatric diagnostic criteria for a dissociative disorder (American Psychiatric Association, 2000); or is so delineated as a result of psychological measurements, such as the Dissociative Experiences

Scale (DES).⁴²

Recognizing that dissociation and dissociative experiences have been conceptualized and defined more than most phenomena, Hall believes there are problems in how women abuse survivors “are portrayed in some characterizations of dissociation and related behaviors.”⁴² A discussion on memory and dissociation leads to a discussion on multiple personality disorder, or dissociative identity disorder (D.I.D.). A broad and in-depth discussion on multiple personality disorder and memory is provided by Ian Hacking.¹² D.I.D. will not be considered in this research except in the way that the women include their experiences as a part of their stories. I conceptualize D.I.D. as well as other mental health diagnoses and ways of coping, such as addictions, as women’s constructive and creative ways of coping with hurtful childhood experiences. Sam Warner states:

Collapsing different strategies of coping into extant and separable disorders militates against a useful therapeutic engagement with such strategies. The feelings that underlie such strategies may also be ignored, as engagement stops as diagnosis begins. Women’s legitimate anger, hurt and ambivalence may then be translated into, for example, a decontextualized notion of ‘emotional liability’ which reiterates precisely those aspects of femininity which foundation-alize gender in the first place. Such gendered discourses may then be used as the unacknowledged referents in the construction of psychiatric classifications. Such labeling further confirms women as essentially wrong or flawed and thus compromises appropriate therapeutic action.⁴³

In the field of physical therapy, attention has been paid to sensitive practice, which would be the equivalent to universal precautions for working with women who have been sexually abused as children, who want “safe, accepting environments and sensitive and informed health professionals with whom to work in partnership on all their health concerns.”³ The implications of following a sensitive practice approach for the health field are significant. First, for women who were sexually abused in childhood, sensitive practice will have an immediate and potentially lasting impact on their daily lives and on their health. Second, for health practitioners, a sensitive practice approach can impact on their effectiveness, and on the quality of care they are able to provide.

2.2.2 Trauma

In an article published in 1992 that offered a conceptual framework for clinicians and researchers assessing and treating survivors of sexual abuse, the author claims:

the dilemma of the survivor of severe sexual abuse could be formulated this way: How do I live with (but not in?) a dangerous, damaged, or dead body? In addition, how do I continue to live in “the body” of a family or a world that is equally dangerous, damaged, or dead?⁴⁴

Claims that the body of the person who as a child was sexually abused was experienced by them as dangerous, damaged, or dead, as was the family or the world the person lived in, are powerful, and common in much of the literature on child sexual abuse and its impacts. The conceptualization, that to be a survivor of sexual abuse means living in a dangerous, damaged or dead body, family and world, is one that perpetuates a mind and body dualism rather than understanding a person as a whole self.

The language of trauma is used in much of the research and literature regarding child sexual abuse. There are many theoretical perspectives regarding what constitutes the trauma from child sexual abuse. Hulme provides a comprehensive overview of the theory development regarding the long term sequelae of CSA that developed at the time of the shift in the 1970’s when children became viewed as victims of sexual abuse.⁵ His overview includes three macro theories (developmental, family, and feminism), five psychosocial theories that focus on victim behaviour (learned helplessness; posttraumatic reaction theory; accommodation syndrome; rage and its defenses; and, emotional avoidance) and two conceptual frameworks (Traumagenic Dynamics in the Impact of CSA; and, Child Abuse Trauma Theory). Hulme suggests that none of these theories adequately explains physical symptoms, outside of the medicalized theories of somatization and neurobiological theories.⁵ In his conclusion, he states that a drawback of each of these theories is that none of them, except somatization, accounts for physical symptoms, and that:

the challenge for researchers and clinicians who want to base their research and practice on theory is to recognize the assumptions, biases, and shortcomings of each of the theories and conceptual frameworks while maintaining an open mind to alternative explanations.⁵

Scheper-Hughes states:

trauma and recovery have emerged as master narratives of late modernity as individuals, communities, and entire nations struggle to overcome the legacies of mass violence and suffering ranging from incest, rape, crime, domestic and street violence to genocides, ‘dirty wars’, and ethnic cleansings, to international terrorism⁴⁵

and that the dominant model of post traumatic stress disorder (PTSD) is based

on a conception of human nature and human life as fundamentally vulnerable, frail, and humans as endowed with few and faulty defense mechanisms.⁴⁵

Believing that traumatic events and experiences are “psychological blows, wounds to the spirit,” and that severe traumatic events in childhood can damage the development of a child, Hacking explains that historically, trauma was understood as a physical phenomena that “took the leap from body to mind just over a century ago, exactly when multiple personality emerged in France, and during the time when the sciences of memory were coming into being.”⁷

In a discussion on rape trauma, Winkler considers traumatized individuals not necessarily as frail or vulnerable, but as a whole self or person who has experienced harm from objectification of the body: “rapists who traumatize the victim’s body objectify the body, and this objectification results in the victim feeling as if there is a separation between the body and the mind.”⁴⁶ Children who are sexually abused similarly are understood to experience an objectification of the body, with the result of a possible separation of the self, between the body and the mind. Winkler continues:

Trauma then surfaces – sometimes without meaning, sometimes without warning, and sometimes as a shattering feeling. The body feels like an object, and may feel in some ways separate from the mind. The feeling is one in which the mind and body act together, but in a manner that feels disjunctive – unlike a healthy situation in which the body and the mind act in unison.⁴⁶

The trauma discourse is useful as a means of understanding the impact of acts of violence during childhood, and for determining therapeutic interventions in adulthood for someone who experienced such trauma in childhood. This discourse, however, does not facilitate an understanding of the person as whole, perpetuates a mind and body dualism, and does not provide the space for a discourse on healing. In summary, a trauma framework does not make it possible to consider the whole person in the context of their lives.

2.2.3 Therapy

Treatment for women who have been sexually abused is typically focused on addressing PTSD (Post Traumatic Stress Disorder), dissociative disorders, anxiety, and depression resulting from child sexual abuse. Hall recommends shifting from using specific diagnoses to focusing on symptoms, contending that this would provide greater flexibility in responding to the complexity and the context of the symptoms.⁴² At the same time, there is a concern

that the use of diagnostic language puts the attention onto symptoms, and not the woman, her experience(s), or the social-political context she lives in.⁴⁷

Many feminist therapists support an advocacy based therapeutic approach to responding to the complex needs of women who experienced CSA. Hacking suggested that therapists who claim to take the woman's perspective, and to advocate on her behalf, may be doing the gravest disservice to feminist approaches to therapy because they construe the women in a position of 'helpless' or of 'victim'.⁷ Current theories of abuse, trauma and dissociation that purport to take the part of the patient might "reinforce the patient's self-image as a passive victim,"⁷ and become:

part of another cycle of oppression of women, all the more dangerous because the theorists and clinicians represent themselves as being so entirely on the side of the "victim" – whom they thereby construct as helpless, rather than as an autonomous human being.⁷

There are resources available for women and men who have been sexually abused as children and who want to heal, most of which are not research or expert based. These resources approach healing and child sexual abuse from a trauma perspective, but typically follow a strengths rather than a deficit based approach. One of the most well known and popular of these resources for women who want to heal from child sexual abuse is a book called 'The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse' written by Ellen Bass and Laura Davis.⁴⁸ First published in 1988, it continues to be a stock item that identifies tools for healing, and describes what the authors explain are the stages of healing.

There is research published on appropriate and effective treatment for adults who were sexually abused in childhood.⁴⁹ Mental health and addictions services are typically fragmented, focused on diagnosis, and there is evidence that some treatment services have proved to cause harm.⁵⁰

In therapy, regardless of theory or model, what is believed to be important is that the therapist: has a solid understanding of the theory and practice required; allows the client time to explore issues; supports the woman in making changes; and is encouraging.^{5,49} Relationships, and especially relationships that are non-judgmental, have been found to be key to women's healing.⁵⁰ The most important elements for healing include the experience of safety, telling the story, and (re)building a connection between the women and their

community.¹⁵ Treatment needs to be responsive to the individual, and not dependent on any particular approach, indicating the need for a diversity of interventions.⁵

Typically, women who were sexually abused in childhood are not construed as capable, strong, whole women who happen to have experienced sexual abuse as children. The abuse is not understood as a reflection of the broader social practices or as an individual act of violence. One approach to working with women who experienced CSA that integrates these broader social practices is described by Warner as Visible Therapy.⁴³ In this approach, Warner argues “it is necessary to explicate the embedded assumptions produced through practices of abuse, and which serve to construct children’s experiences of that abuse, in order to ward against their reproduction within therapy relationships.”⁴³ Her assumption is that the problem is not the individual who was abused, but rather is in “the narratives which situate both past and current relationships but which, through reiteration, obscure their own social production.”⁴³

The literature on working as a therapist with women who have been sexually abused in childhood is typically not only framed in a deficit, trauma and interventionist manner, but is grounded in specific theoretical perspectives that either exclude the body, or consider the body but not the body in the socio-cultural and political context. An interventionist manner of framing and responding to, sexual abuse perpetuates a mind and body dualism, and has limited capacity to incorporate the broader context of the women’s lives in the healing process. In order to reflect the complexity of the women’s healing process, research needs to be done in a manner that provides an understanding of the women’s experiences and that considers the body, without perpetuating a mind and body dualism.

2.2.4 Healing

In my experience, when women talk about their healing they are referring to more than their physical health. While physical well-being is a goal, and an outcome, of healing for women who were sexually abused in childhood, examples of healing also include events such as the ability to sleep through the night, to not dissociate unintentionally, to be able to go to the doctor, to be safe with one’s children, to resolve a depression, or to deal with addictions. Anecdotally, I have heard from women that healing to them may be their return to university, or employment. There is a gap in the literature regarding what healing means, yet it has direct relevance to women’s physical well being.

Csordas suggests the object of healing is “transformation of a person, a self that is a bodily being.”⁵¹ The use of the word healing itself is language that is medical, implying a material body that can be fixed or repaired by an external source, a healing expert. This presupposes a mind-body dualism of either body repair or mind repair to be accomplished either by the body repair expert, the medical professional, or the mind repair expert, the therapist.

There is a great deal written on how to help someone heal, particularly in the therapeutic disciplines. The temporal nature of childhood sexual abuse, the fact that the women are healing from something that occurred in childhood, complicates the issues of intervention and treatment. While the abuse occurred in childhood, symptoms often do not present until early or later adulthood, and as a result, it is unclear what the woman is healing from, a childhood event, or the years of events that occurred in the intervening years. Interventions in adulthood typically take the form of programs such as mental health services, sexual assault centres and counseling agencies. These interventions provide important services, but the focus of these services is on either mind or body repair, and are therefore unable to respond to the broader story and complexity of a woman’s life.

2.2.5 Voice

‘Voice’ is a word used often both by women who were sexually abused and by those who work with them. Definitions relevant to the word ‘voice’ are not easily available. Belenky described the development of her understanding voice from “the burgeoning field of sociolinguistics (that) focuses on male and female patterns of discourse, sex-linked language, and sex differences in conversational patterns,”⁵² to a recognition that:

‘voice’ was more than an academic shorthand for a person’s point of view. Well after we were into our interviews with women, we became aware that it is a metaphor that can apply to many aspects of women’s experience and development. We found that women repeatedly used the metaphor of voice to depict their intellectual and ethical development; and that the development of a sense of voice, mind, and self were intricately intertwined.⁵²

In a book on illness and culture, Morris suggests

what every concept of voice holds in common is the relationship to its opposite: silence. Silence stands in opposition to every voice, weak or strong, ordinary or unique, prosaic or poetic, modern or postmodern. This absolutely basic opposition between voice and silence matters here because suffering, like pain, with which it is so often intermingles, exists in part beyond language.⁵³

Voice is linked to intellectual and ethical development. Voice is also linked to silence. When a child is sexually abused, the child's physical, mental, social, and spiritual self is silenced. If a woman is to heal, the silence will inherently be broken, because healing requires making the abuse public. If the silencing is of the physical, mental, social, and spiritual self, then healing involves breaking the silence, or developing voice for, or in, that self.

2.3 Narrative Research on Healing from Child Sexual Abuse

Therapy is about change at the personal level. To heal from sexual abuse is to heal from something the body experienced sometimes decades earlier, something that is not just physically and personally violent, but also socially and politically violent. Herman contends that "the study of trauma in sexual and domestic life becomes legitimate only in a context that challenges the subordination of women and children."¹⁵ I suggest that similarly, the study of healing from abuse in sexual life can only be done in a context that challenges the subordination of women and children. Without consideration of the relationship of abuse to the broader structural relationships of power, there is the danger of perpetrating structural violence by uncritically replicating power inequalities and practices in the research process.

There is research in the medical, nursing, social work, psychology, sociology, anthropology, women studies, feminist, and massage therapy literature on therapy, recovery and healing, and on the health impacts of child sexual abuse. Little research explores the experience or meaning of healing from child sexual abuse, particularly with the use of narratives, as the women tell it. Two recent qualitative studies on healing from sexual abuse and maltreatment that use a narrative approach have been published.^{54,55} Although both studies assume a trauma discourse, and neither takes the body into consideration, the findings are interesting. The first study, written by Thomas and Hall, was written from a nursing perspective, and focused on healing in adulthood from maltreatment in childhood.⁵⁴ The second, written by Anderson and Hiersteiner, was written from a family therapy perspective, and focused on recovery from child sexual abuse.⁵⁵

The first study is a narrative study on how thriving adult female survivors of childhood maltreatment achieved success. The authors approached the narratives from a life

trajectory perspective, looking for “continuation of a direction towards a direction.”⁵⁴ The focus on life trajectories does not take into consideration the potential complexity in the healing process and narrative, and constitutes the healing process as operating towards a storybook ending. In the study, three life trajectory patterns were delineated and considered in light of turning points and the sequences that followed the turning points. With the sequences defined either as redemption or contamination, a good/bad dichotomy, or a mind and body split is promulgated, eliminating a possible understanding of the role of the body in the healing or recovery process, and framing behaviours as contaminated. While the assumptions about abuse and the healing process that are implicit in the research are worrisome, some of the findings are relevant.

Thomas and Hall found that “post-traumatic growth (PTG) is possible,” and that supportive relationships, both formal and informal, were needed for recovery. There was a discussion of the threads that were woven through the narratives that were particularly interesting. These threads included: telling/not telling; remembering/not remembering; and forgiving/ not forgiving. The authors found that the participants reported hesitating, vacillating and wrestling with ambivalence about these issues each time they surfaced asking if it was safe to talk about the abuse, if they really wanted to uncover and process the memories, and if they could forgive their abusers.⁵⁴

Anderson and Hierseiner considered the recovery stories of sexual abuse survivors using a group narrative approach, in order to determine if a storybook ending was possible.⁵⁵ Factors for recovery that were found in this study included disclosure, making meaning of the trauma and developing supportive relationships. The authors did not define what they meant by disclosure, and the discussion includes descriptions of research participants redefining their recovery stories and attempts to break the silence as well as a discussion on being disbelieved when they reported the abuse. The description of the factor ‘making meaning’ includes the need to fill in missing pieces and close information gaps as well as to “figure out who they were and how to position themselves in their life stories.”⁵⁵ Making meaning also included the participants understanding of their abuse and how their responses to the sexual abuse developed over time. The description of supportive relationships includes both formal and informal supportive networks, and that being connected to a support group was a ‘life saver’.⁵⁵

The participatory and group nature of the second study provided some interesting findings, in particular the challenge by the group for the researchers to set aside their “assumptions and metaphors about a healing trajectory spiraling forward into health.”⁵⁵ The researchers concluded that recovery is possible, but that healing is not; that disclosure provided some of the pivotal moments for the research participants; and that the process of making meaning was important, for example by “reading other people’s stories to figure out who they were and how to position themselves in their life stories.”⁵⁵ Research participants indicated that the realities of recovery were such that their lives did not have a storybook ending. The core theme that emerged in this research was that recovery from childhood sexual abuse is possible, but that healing is not possible. Recovery includes the achievement of a life where sexual abuse remains a part of who the person is, but it no longer defines them.⁵⁵

The discussion on recovery and healing is relevant to the focus on healing in my study. Anderson and Hiersteiner found that recovery from sexual abuse was important for healing, but that recovery did not necessarily include healing.⁵⁵ Recovery was described as the integration of diverse self-concepts, such as victim/survivor, and traumatic events into a unified whole. Healing was understood to be unachievable, because there was an association with being cured and ‘whole’. By using the word ‘cured’ the authors meant that the effects of the abuse no longer interfered in the participant’s lives, and the word ‘whole’ meant that child sexual abuse was no longer a part of the person’s identity.⁵⁵ I agree with the authors’ definition of the word recovery as a term that refers to recovery from trauma. I do not agree with the use of the word recovery when considering women’s narratives as they relate to child sexual abuse, because the reference to trauma pathologizes the research participants.

2.4 Memory and Child Sexual Abuse

How a woman determines that she was sexually abused as a child is related to her memory of sexual abuse. Without some memory of abuse, she would not consider herself someone who was sexually abused as a child. Memory and remembering sexual abuse from childhood is a broad topic that includes much discussion on how memory works. In their research on the subjective experience of forgetting and remembering childhood sexual abuse, Fivush and Edwards conclude that we “must move beyond dichotomizing women into those who

remember and those who forget, and begin to conceptualize remembering and forgetting as a dynamic, fluid process.”⁵⁶

Contention around remembering or forgetting sexual abuse, and memory itself, is well documented in the literature.^{6,18,19} In adulthood, a woman’s memories of abuse often do not emerge until a significant life event, such as the birth of a child, the death of a parent, or abuser, or the birthday of a child reaching the age the mother was at the onset of abuse. In this discussion I will attempt, as Sue Campbell suggests, to “be politically sensitive to the ways our cultural status as rememberers can be undermined.”⁵⁷ In a discussion on memory and personal identity, Campbell states:

The force of a memory narrative is the significance of the past to the present. This significance may change for a particular individual over time, and can differ widely for different individuals and groups. Much of this significance, moreover, is social in nature, and much of our memory experience is social and public. We do not only recognize, remember, forget, recall, and memorize, but also recount, commemorate, reminisce, remind, and testify. The success with which we perform these activities depends not just (or primarily) on the reliability of memory mechanisms, but also on the social positions we can or cannot occupy.⁵⁷

Memory and remembering is not only linked to some one, a person, it is woven into the very who of the self or soul of that person.

Memory of any kind implies a self or subject who perceives the memory or does the remembering. Today our understanding of the nature of this self is increasingly dependent upon reference to memory – I am the product of who I was and what I experienced – just as the nature of memory is implied and constituted by the theory of the self or subject.⁵⁸

Regarding the act of remembering, Casey provides a useful study of remembering, stating: “plural modes of access to the remembered past are far more plentiful than philosophers and psychologists have managed to ascertain.”⁸ Remembering is distinct from memory. Remembering draws on memory, but remembering, memory-making and memory retrieving are distinct. Casey distinguishes between intentional remembering, considered the mind’s remembering, and remembering through body, place and commemoration. Intentional remembering is “construed as the summoning up of past experiences in visualized scenes, recollection has been conceived as occurring exclusively within the closely containing canopy of mind.”⁸ He then describes mnemonic ways of remembering, including rec-

ognizing, reminiscing, and reminding, that contest the self-enclosing character of strictly intentionalist paradigms, and are intermediate in status.

Recognizing, reminiscing and reminding are “situated midway between mind and the envioning world,” and are not ways of remembering that manifest ‘in the world itself’. Casey considers additional ways of remembering that are not ‘encased in mentalism’ but rather are ways of remembering that are of being ‘in the world itself’. These ways of remembering include body memory, place memory and commemoration, which he contends are non-intentional ways of remembering, and do not locate memory as ‘boxed’ or in the mind.⁸

How a woman determines that she was sexually abused as a child is related to the process of signifying that what she remembers, was sexual abuse. Without a signifier that what she experienced is called sexual abuse, she might not understand herself as someone who was sexually abused as a child. The relationship of memory with signifying may be tied to Casey’s delineation of reminding and recognizing.

Casey states that in any discussion of memory, the body cannot be neglected. His analysis of memory is relevant to memory in relation to child sexual abuse, because the body is inherently central to remembering:

We remember in multiple ways: that the past need not come packaged in the prescribed format of representational recollections. To fail to remember in this format is not tantamount to failing to remember altogether. When one memorial channel to the past becomes closed off, others often open up – indeed, are often already on hand and fully operative. I may not retain a lucid mental image of an acrimonious quarrel with a certain friend – I may have successfully repressed it – and yet the same scene may be lingering in an inarticulate but nonetheless powerful body memory.⁸

Memory is not simply encoded in a bank of some sort in our mind, but is lingering in the body. A person can have memories in her body that she is not accessing, retrieving or somehow mentally recognizing. Casey states that body memory “alludes to memory that is intrinsic to the body, to its own ways of remembering: how we remember in and by and through the body.”⁸ Casey distinguishes body memory from memory of the body. The difference is that memory of the body is a way of representing ourselves as engaged in a situation, and body memory is of being “in the situation itself again and feeling it through our body.” He describes two major types of body memory: performative, or habitual; and traumatic. He includes one additional type of body memory, the erotic. Casey also includes

three traits of body memories: marginality; density and depth; and co-immanence of past and present. Missing from Casey's study of memory is a consideration of memory, and of body-memory in particular, from the subjective, social and political understanding of being in the world, eliminating much of the context of the lives of women who are healing from child sexual abuse.

2.5 The Body and Child Sexual Abuse

There is a broad multi-disciplinary literature on the body. In this discussion I consider authors who write from the disciplines of anthropology, sociology and feminism. Shildrick and Price state "the status of the body within the dominant western intellectual tradition has been largely one of absence or dismissal."⁵⁹ In considering the body, the question of boundaries needs to be considered. The relationship between the internal and the external, and where the body begins and ends need defining. I first look to the skin as the boundary for the body.

2.5.1 Skin as a Boundary

In her book on skin, Benthien describes skin as "the symbolic surface between the self and the world,"⁶⁰ Benthien expresses concern that the skin has become an increasingly rigid boundary, even while medicine has "penetrated the skin and exposed the interior of the body."⁶⁰ Shildrick echoes this, suggesting that the "image of the skin as some kind of inviolable boundary no longer makes sense, for it is continually breached by a series of biomedical technologies in the interests of maintaining the illusion of a normative body."⁵⁹ Historically, the skin was constructed as porous, the means for internal disturbances to leave the body, and as having been considered a component of good health. Leakiness was understood to be therapeutic, and therefore a leaky body was a healthy body. If the body has a porous boundary, the skin, the body can then be constituted as actively engaged with the world.

In discussing the body, I will consider the skin as a material boundary between self and society, but the skin as porous, mediating the shifting space between self and other.

2.5.2 Individual, Social and Political Bodies

Csordas points out that “the body is not an *object* to be studied in relation to culture, but is to be considered as the subject of culture.”⁵¹ Similarly, suggesting that “the body mediates all reflection and action upon the world,”¹⁸ Lock suggests that the body is:

no longer portrayed simply as a template for social organization, nor as a biological black box cut off from “mind,” and nature/culture and mind/body dualities are self-consciously interrogated.¹⁸

The body is not simply a body that is performing, or a body that receives knowledge, or messages, passively. The body is actively engaged as a subject. Lock suggests that the body is a body of both belonging and of dissent.

In a discussion on the body and an analysis of cultural constructs related to health and well-being, Lock and Scheper-Hughes describe what they refer to as the three bodies, the individual, the social and the political.^{6,18,19} The individual body is the lived experience of the body, the self, including mind, matter, psyche, and soul, and their relations with each other, which are highly variable. The social body is described as a body that experiences a constant exchange of meanings between the natural and social worlds. The body is representative of a natural symbol to think about nature, culture and society. The political body is the body that is regulated, watched and controlled in reproduction and sexuality, work, leisure and sickness. This approach is limited because the articulation of the social body, particularly in relation to the political body, is vague, making it difficult to apply in relation to women’s stories of healing.

For example, a mental health diagnosis is clearly an example of the political body at work, because the woman is being watched, controlled and regulated, through the medical system. At the same time, her social body is also engaged, because her understanding of herself is being negotiated culturally. Even with this unclear articulation of the distinction between the three bodies, the framework is useful for an investigation of healing from child sexual abuse, because it challenges a body/mind and nature/culture dualism and conceptualizes the body in a way that can recognize the relationship between power, gender and violence. Understanding sexual abuse as a form of domesticating the body, this approach works well for an investigation of healing from sexual abuse.

Cultures are disciplines that provide codes and social scripts for the domestication of the individual body in conformity to the needs of the social and political order.¹⁹

Lock and Scheper-Hughes include in their discussion consideration of the body as mindful, one that refuses to “be merely aestheticized or metaphorized”¹⁹ The suggestion is that a mindful body is a body with agency. In considering the mindful body, the authors include the subjective body. Engaging the subjective body, Lock and Scheper-Hughes suggest that if one starts with the

notion of ‘bodily praxis,’ of someone living out and reacting to his or her assigned place in the social order, then the social origins of many illnesses and much distress and the ‘sickening’ social order itself come into sharp focus.¹⁹

If women who were sexually abused experience live mindfully, in a body that refuses to live out her assigned place in the social order, elements of the social order that are sick will come into focus. It would follow, then, that the process of healing from events of physical and social origin, like child sexual abuse, is also a process that interrupts dominant social conditions, and challenges the social order.

Messages and the verbal process that convey messages play a part in the sexual abuse of children. Weedon suggests that language “constructs the individual’s subjectivity in ways which are socially specific” and that subjectivity is “a site of disunity and conflict, central to the processes of political change and to preserving the status quo.”²¹ Extending the discussion of subjectivity and language, the meaning of language, and the relationship of discourse to possibilities for change, Weedon states:

How we live our lives as conscious thinking subjects, and how we give meaning to the material social relations under which we live and which structure our everyday lives, depends on the range and social power of existing discourses, our access to them and the political strength of the interests which they represent.²¹

There is a relationship between who constructs what we hear, how we hear or experience discourse, how we understand what we hear, and what we choose to do with how we understand what we hear. There is also a relationship between how we understand our self as our self relates to memory.

I take memory to be an intrinsic part of selfhood (such that memory and identity serve to mutually validate each other), but I also take these to be culturally somewhat variable.⁵⁸

2.5.3 The Subjective Self

Defining subjectivity is a slippery process. It is “precarious, contradictory and in process,

constantly being reconstituted in discourse each time we think or speak.”²¹ Weedon defines subjectivity as:

the conscious and unconscious thoughts and emotions of the individual, her sense of herself and her ways of understanding her relation to the world.²¹

In a discussion of such slippery understandings as memory, the body, and subjectivity, I struggled with the language to use for the ‘self’ that I understand is constituted in, on and of the body, to convey what I mean when I think of a ‘person’ in a manner that does not separate mind, body, sense of self, emotion, or agency and that allows for what appear to be inherent contradictions such as remembering/not remembering, or ‘thinking’ and ‘feeling’. I consider Hacking’s use of the term ‘soul’ to

invoke character, reflective choice, self-understanding, values that include honesty to others and oneself, and several types of freedom and responsibility. Love, passion, envy, tedium, regret, and quiet contentment are the stuff of the soul. This may be a very old idea of the soul, pre-Socratic. I do not think of the soul as unitary, as an essence, as one single thing, or even as a thing at all. It does not denote an unchanging core of personal identity. One person, one soul, may have many facets and speak with many tongues. To think of the soul is not to imply that there is one essence, one spiritual point, from which all voices issue. In my way of thinking the soul is a more modest concept than that. It stands for the strange mix of aspects of a person that may be, at some time, imaged as inner – a thought not contradicted by Wittgenstein’s dictum, that the body is the best picture of the soul.⁷

I use the term ‘soul’ or ‘self’ interchangeably, to convey the person, a non-unitary self that is perceived as bounded by the skin of the body, although I do not see the soul as bounded, or the skin as a barrier. Ellingson contends that

The erasure of researchers’ bodies from conventional accounts of research obscures the complexities of knowledge production and yields deceptively tidy accounts of research.⁶¹

At different points throughout this discussion, I include my ‘self’ as engaged in the process of knowledge production.

2.6 Summary

One-in-three to one-in-five girls is sexually abused as a child. Sexual abuse is damaging to the child’s sense of self, trust and personal safety, and it disrupts expected social roles,

relationships and behaviours. Women who were sexually abused in childhood experience many social, behavioural and medical effects. The secrecy and silencing of children that enables the sexual abuse of children, is an experience that is often carried into adulthood. For example, women are often silenced when navigating the judicial system as victims of child sexual abuse. There is an interplay between what is being conveyed in public discourse about CSA and what women understand about themselves and their experiences.

The recognition of CSA and subsequent media attention in the mid 1970s acted in two seemingly oppositional ways. The media acted as a catalyst for raising awareness of the issue, making it possible for women and men to see themselves as having been sexually abused. Many people retrospectively understood that CSA had not been described or understood as such at the time that they experienced the abuse, and many felt relief: finally they were able to talk about their experiences. However, the media has also played an important role in how the public conceptualizes child sexual abuse, sometimes obscuring, de-politicizing, personalizing, denying or undermining the notion that there is a problem at all.

The discourse regarding child sexual abuse is contradictory, contributing to skepticism and silencing regarding child sexual abuse and its effects, and at the same time, contributing to an understanding of sexual abuse as a form of social control. By portraying women as victims who are being socially controlled through violence, women are portrayed implicitly as having no agency. Similarly, the language of trauma is used in much of the research and literature regarding child sexual abuse, potentially reinforcing the image of someone who was sexually abused as a child, as a passive adult victim, continuing a cycle of oppression of women.

Much of the therapeutic literature, such as the research that uses the language of “recovery” from child sexual abuse, is framed in a deficit, trauma and interventionist manner and is grounded in specific theoretical perspectives that either exclude the body, or that consider the body but not in its socio-cultural and political context. Constructing humans as fragile, passive or easily overwhelmed by events, the trauma model underestimates the human capacity to thrive, not recognizing that “human nature is both resilient *and* [sic] frail.”⁴⁵ Focusing on symptoms rather than diagnoses may provide greater flexibility in responding to the complexity and the context of the symptoms. However, focusing on symptoms might also lead to understanding the women diagnostically rather than in the

socio-cultural and political context of their lives. What needs to be considered is the relationship of abuse to the broader structural relationships of power. By considering CSA in this context, it is then possible to address the danger of perpetrating structural violence in the research process by critically considering and addressing power inequalities and practices.

There has been considerable research on therapeutic interventions for working with women who were sexually abused in childhood, but little research on the healing process from a life perspective. In the feminist therapy literature on working with women who have been sexually abused in childhood, it is recommended that the therapist: has a solid understanding of the theory and practice required; allows the client time to explore issues; supports the woman in making changes; and is encouraging.^{5,49} It is believed that relationships, and especially relationships that are non-judgmental, have been found to be key to women's healing, and that the most important elements for healing include the experience of safety, telling the story, and (re)building a connection between the women and their community. Treatment needs to be responsive to the individual, and not dependent on any particular theory, indicating the need for theoretical diversity.

Memory and remembering child sexual abuse is a broad topic that includes discussion on how memory works. Edward Casey's analysis of memory⁸ in relation to child sexual abuse will be used as a basis for analysis. There is a broad multi-disciplinary literature on the body. In a discussion on the body as a tool for analyzing cultural constructs related to health and well-being, I consider my findings in light of Lock and Scheper-Hughes's description of the three bodies: the individual, the social and the political.¹⁹ This approach provides a conceptual approach for a phenomenological investigation of healing from sexual abuse, making it possible to recognize power, gender and violence. Hacking's language of the soul⁷ will be used interchangeably with 'self' in this document to convey the non-unitary subjective 'self' that is the body.

The nature of the sexual abuse of children is such that it occurs to, in and of the child's body in a personal, social and political context. In order to research the adult's healing process from child sexual abuse, it is imperative that power relationships are considered, and that the body is not neglected.

CHAPTER 3

METHODOLOGY

This chapter describes the methodological approach, the narrative research design and the methods used.

3.1 Methodological Approach

The purpose of this research is to gather women's narratives of healing from the effects of sexual abuse in childhood and to understand their experience of healing in order to gain insight into the process of healing from childhood sexual abuse. I illuminate aspects of healing from childhood sexual abuse that have not been considered previously. Methodological considerations for this research project are: power; positioning of the researcher; and worldview.

3.1.1 Power

It seems to me that power is 'always already there', that one is never 'outside' it, that there are no 'margins' for those who break with the system to gambol in. [Foucault, 1980]⁶²

Considerations of power were necessary in this research because: child sexual abuse is the result of a violation of a positioning of power by someone who has authority over the child; the goal of this research is to truly 'hear' the experiences and stories of the women; child sexual abuse is gendered and immersed in a context of violence and oppression, and; when sexual abuse occurs, it occurs in, on and outside of the body. The meanings of the women's experiences are constructed socially through the knowledge of their bodies, and in the power relations of their bodies to the social world. Relationships of power were considered both in the research findings themselves, and within and between the positioning of the researcher.

3.1.2 Positioning of Researcher

In determining a methodology that considers power, it was necessary to acknowledge the relationships of power within the positions of researcher and researched. The issue of who is the expert is a part of the power positioning in the traditional researcher/researched positions. In “traditional research as well as in participatory research, women have been largely excluded from producing dominant forms of knowledge.”⁶³ It was important to the integrity of this research to include the research participants in the process of knowledge production. However, even when including research participants in the knowledge production process, the researcher is still inherently in a position of power or authority in the research relationship. It is the researcher who defines the questions, chooses the methodology, and who therefore implicitly is the expert in the area being researched. In order to challenge the authoritative structure that made the abuse possible in the first place, in addition to inviting the women into the research process as participants, I acknowledge the position of power within the position of researcher, making it possible for the research participant to openly negotiate her position within the research relationship. I also recognize that it is through my subjective self, my body, that I engage in the research process.

The invisibility of researcher bodies in accounts of qualitative health research limits our understanding of communication in health care contexts. Disembodied prose comes from nowhere, implying a disembodied author. It is the privilege of the powerful to leave their bodies unmarked; research accounts in health care tend to reflect social science norms that frame the researcher’s personality, body and other sources of subjectivity as irrelevant.⁶¹

Sexual abuse is experienced in the body, and the meanings the women convey are constructed socially through the knowledge of their bodies. The approach to subjectivity in relation to the researcher-researched positions is important in working with gender and violence. Because this research is an exploration of experiences and meanings as they are lived in the bodies of the women, it is important to include the body of the researcher. In her search for “research methodologies and interpretive theories that will help researchers be more thoughtful and critical about our intersubjective research relationships and the ways that we analyze the personal narratives of others”⁶⁴ Leslie Bloom found a theoretical framework of non-unitary subjectivity to be meaningful. By subjectivity, Bloom is referring to a person’s thoughts, feelings, sense of self and ways of understanding the self in relation to the world. By non-unitary subjectivity, she is referring to a subjective self that is not

fixed, or a single unit, but rather is continually changing.

As the researcher, I locate myself in the research process, understanding that I hear and speak from my own non-unitary subject position within a particular social and political environment. The importance of incorporating my own body into the research became more evident to me as the research proceeded, and as I became aware of my body's positioning and responses.

Throughout the research process I tried to follow each participant's lead regarding the relevance of my subject position, and their comfort with me as a researcher. I strove to maintain awareness of my own subject positions, as therapist, agency director, as a heterosexual, married, middle-class woman with a distinct social, cultural and political position, and with my own experiences of violation. My personal life experience, professional and educational background, and the skills and beliefs that I carry from this experience, have informed the research focus, methods, and analysis.

I have over twenty-five years experience working as an early childhood educator with abused children, as a social worker working with youth and adults in crisis, as an adult educator educating on issues of violence, and most recently, as director of a healing centre for adult women survivors of child sexual abuse. I have experience and education in working with a vulnerable population, and a commitment to ensuring physical, mental and emotional safety. I am a woman, a mother, a wife, a professional and a student. My body has lived with the contradictions of violence and power, of pain and surgery and loss, and of birth. I am privileged in the sense that I have experienced a life of nurturance and care.

My training has influenced the research process in many ways, some no doubt that I am not aware of. I recognize that although the interview schedule (Appendix E) is short, the interviews were lengthy. This may be a reflection of years of training and practice for myself, and of educating others on, interpersonal communication skills, one of my passions. The premise of active listening is to listen to understand and reflect, rather than listening to tell. This philosophy underscores every interview. I recognize that I struggled with some of the language I was using, some that I was not aware was present until committee members pointed it out. For example, in the profiles, I made statements like 'she presented as', no doubt an embodied response from my work as a probation officer with young offenders, decades ago. This is an example of how my prior roles, my social body, and my body politic,

continue to inform my work, and therefore this research, at times without mindfulness on my part.

My years of experience in crisis intervention and counseling, in particular counseling with women who were healing from sexual abuse, inform the research process in unique ways. I am not easily shocked, although I continue to be saddened, by stories of abuse. The women reflected to me that this was helpful, because they felt that they did not have to watch what they told me. My counseling experience enabled me to hear without needing to provide emotional support, because my experience and personal belief leads me to trust that the women are capable of meeting their needs.

An example of how my social body may be informing this research is my location as a heterosexual woman. I am clear that I live hegemonically within my own subject position, and as such, may be silencing the voices of participants by not asking particular questions, or not recognizing what is not being said. I understand that, as much as I recognize that CSA impacts on a woman's sexual body, my subject position limits me to what I am hearing and what I am not hearing. For the lesbian and First Nations women in my study, my analysis along dimensions of identity that relate to ethnicity or sexuality may be limited because of my subject position as a former director of a healing centre where I carefully nurtured an organizational culture of inclusion that had a particular focus on creating a space for lesbian and Aboriginal women to be invited and welcomed. In addition, many of the women I interviewed were service users in this same healing centre and were therefore also embedded in an organizational culture of inclusiveness that may have produced narratives with an absence of focus on ethnicity or sexuality in relation to their experience of healing from child sexual abuse.

It was not only my past work, educational and personal life experiences, and subject positions that informed the research process. My position as researcher at the time that the research took place, was conflated with my position as the director of the healing centre and with my position as a student. In addition to my different positions, it was relevant to some of the research participants whether or not I was a survivor of sexual abuse. I experienced sexual victimization as a child, but my story ends differently than the stories of the women in this research project in the sense that my story is one of escape. It mattered to some of the women in the research that I 'knew' in my body some of what they were talking about.

Bloom discusses the role of power in the researcher-respondent subject positions, stating that “power is situated and contextualized within particular intersubjective relationships.”⁶⁴ Bloom further clarifies the distinction between researcher power and researcher responsibility, which I find a helpful distinction. One responsibility I had as the researcher, was to balance the incorporation of my self into the text in order to provide transparency of the researcher’s subjective self in the research process, with how much analysis of my own story and self needed to be woven into the analysis of the stories the women told. “Embodied writing of qualitative health research would mark the privileged bodies of researchers as integral to the development of findings and theory. Subjecting existing power structures to scrutiny is political work.”⁶¹

I am aware that the exclusion of my body is a form of entitlement and distancing of the researcher, a dynamic that is contrary to the research goal. At the same time, using space in the dissertation to focus on the analysis of my own story is a form of privileging and silencing, because it takes away the space from the women’s voices. Throughout this dissertation, I chose to maintain my embodied presence in the text as I responded to the women and their stories. I limit the analysis of my storied presence in the text to what is immediately relevant to understanding that there is a narrator interpreting the stories. In this way, the transparency of a narrator presence is maintained, and the analysis of the stories of healing is focused most strongly on the stories of women participating in the research.

As researcher, I also have the responsibility to proceed with the data collection and analysis process in an ethical manner, as promised to the research participants and to the ethical review committee. This researcher responsibility does not presuppose a power position. A delightful contradiction I experienced was that, although I was inherently positioned as an authority in doing research, the research participants were positioned as the authority of their healing stories. There was a balance of power achieved by the recognition that the research participants could speak to a knowledge that I did not have. The positioning of power was further addressed by the participatory nature of the research in that research participants were invited to contribute to the methodology and to the approval of the text of their stories.

3.1.3 Worldview

With the research goal of understanding how women make sense of their experiences of healing consideration needs to be given of the institutionalized practices and ideologies that make abuse as well as healing, possible. The methodology for this research is based on the understanding that meanings of experiences or our understandings of the world we live in, our understanding of our place in that world, and our body's response to our understandings of our place in the world, are constructed within and between individuals and society. How we know the world, and how we communicate our knowledge about the world, is continually changing because the context within which we live continues to change. It is the context of women's lives that were considered in this research. This includes complex processes from the intrapersonal to the interpersonal, to the community and the political. In order to hear the stories at the intersection of those levels, a research methodology was needed that is responsive and reflective, rather than directive.

3.2 Narrative Research Design

In deciding on a methodology that reflected the purpose and goal of the research, it was clear that a qualitative design was required. "All qualitative research seeks understanding of data that are complex and can be approached only in context."⁶⁵ I considered different methodologies, in particular, grounded theory, case study, and narrative methodologies. A case study approach would have met the goal of investigating how healing happens for a person or a group, but it would not have necessarily allowed for the emphasis on how the women made sense of their healing process, by telling their stories in their own words. A grounded theory approach was relevant in the sense that the qualitative and emergent nature was suitable, but one could not assume that a theory of healing would result from this research, and the researcher's subjective self as engaged in the research process would not be included. Approaching this research with the intention of determining a theory would have been counter to the phenomenological goal of truly 'hearing' the women's experiences and meanings. This led to the decision to use narrative methodology.

Narrative research has different meanings. It has been described as referring "to any study that uses or analyzes narrative materials."⁹ For my research project, I used Riessman's definition of narrative as "discrete units, with clear beginnings and endings, as

detachable from the surrounding discourse rather than as situated events.”¹⁰ The discrete unit in the case of this research is the healing story as defined by the research participants.

Narrative “is something that is enacted in specific contexts and reflects culturally based constructive processes,”⁶⁶ and as such, offers the possibility of responding to the complexity and the context of experiences of healing with a population that has experienced violation and vulnerability, and who have historically not been heard in a way that gives authority to their knowledge and to their story. Narrative methodology also makes it possible to consider the stories in a way that allows for consideration of the institutionalized practices and ideologies that make abuse, and possibly healing, possible.

The targeted organizations for recruitment include programs for both Aboriginal and non-Aboriginal women, and as a result, two of the fourteen research participants identified as First Nations. As noted in the Report of the Indigenous Peoples’ Health Research Centre to the Interagency Advisory Panel on Research Ethics, *The Ethics of Research Involving Indigenous Peoples*, “Western knowledge, with its flagship of research, has often advanced into Indigenous Peoples’ communities with little regard for the notions of Indigenous worldviews and self-determination in human development.”⁶⁷ The nature of narrative research is such that the research process is inclusive and respectful of the research participant’s worldview, and as such is a methodology that addresses cultural differences between researcher and research participant. “The more inclusive and respectful research becomes of other ways of knowing, the more applicable Western qualitative research is to Indigenous people, and Indigenous issues.”⁶⁷

A narrative approach, with the research participant as the expert, supported the positioning of shared expertise in the research process. I used narrative methodology, in a participatory manner in order to engage the participants as fully and as respectfully, as possible. In the researcher and research participant relationship, the participants had power because the story was theirs to tell, and theirs to confirm. They also had control over the way of telling their story, how much to tell of it, and where it stopped and started. The nature of a narrative approach is such that any vulnerability on the part of the research participant can be responded to sensitively.

One concern articulated by Mattingly is about the use of narrative in distancing, rather than including, the body, or the cultural meaning of illness and experience by turning it into text.⁶⁶ In order to consider the stories in light of the literature, and in consideration

of the other research participant's stories, there is inherently a distancing on the part of the researcher from the storyteller, the research participant. As much as possible, this was mitigated by particular methods, such as including my body in the text, and using longer quotes that ensure authenticity and immediacy, rather than distancing, of the research participant's voice and meaning. By locating myself and my position as researcher, student, and professional in the field, I entered into the discourse as a participant, not as a disembodied other. I narrated the stories as heard by me, the narrator. My story enters as a presence, a filter and as a context provider. The story is re- and co-created within the relationship among the teller, the research participant, and the listener, the research investigator. I have, in this dissertation, created my own story, and it is my own story that contextualizes their stories.

A concern with a narrative approach is that while story and story telling, grounded in narratives, is a powerful method because it can respond to complex issues, the complexity of our structure of patriarchy is embodied in the story. Bloom suggests that by telling her story, she may replicate the structure she is immersed in, possibly re-creating the underlying cultural practice of patriarchy, hegemonically reproducing "structures of domination rather than liberate women from cultural silence."⁶⁴ I addressed this concern as much as I could as one who lives in the same structure of patriarchy, by being mindful of the risk throughout the research process and by considering the stories, and my analysis of the stories, in light of a feminist framework. It was this process that led me to consider Bloom's discussion on the endings of the women's narratives from the perspective of the master narrative.

An example of the hegemonic reproduction of the structure of domination is reflected in a challenge I experienced with the notion of ownership of the sexual abuse experience. In my work, many of the women I worked with who were sexually abused, and the professionals who supported the women who were sexually abused, referred to the experiences of sexual abuse possessively, for example, "*Her abuse* is interfering," or "I want to heal from *my abuse*." The question of who owns the acts of sexual abuse emerged as an important consideration in the research. In the process of writing up the findings and in my discussion about the findings from the research, I found myself having to watch what I wrote, in order to ensure that I did not write statements like "because she wanted to heal from *her abuse*" or "she felt *her abuse* in her body." There were times when I felt, physically, the difficulty of enunciating in written form, ownership of the abuse that occurred. It was as if, in the

process of hearing the women tell their stories, stories predicated on challenging gendered subjective positions, I was also healing in the sense that I was challenging my own gendered subjective position and in doing so, could reflect in my writing the separation of the act from the ownership of the act.

3.3 Methods

I approached the relationship of power between the researcher and the research participants by inviting the research participants to contribute to the research process if they wished, for example: the interview process and the direction and focus of the interviews.

Relative differences in power and status may be acted on and played out during an interview. Powerful people may take charge, turn the interview questions to address topics on their own terms, and control the timing, pacing and length of the interview. Both powerful and disempowered individuals may distrust their interviewers, the sponsoring institutions, and the stated purpose of the research, as well as how the findings might be used.⁶⁸

Concerns regarding my role of authority in the community and a possible power relationship of authority with the research participants were considered. Research participants stated to me that they were more comfortable telling me their stories than they would another researcher, because they knew they could not frighten me with the information, and they trusted that I could hear the stories and I could understand. Rather than my position at the healing centre being a concern regarding any power differences, my role as someone who was familiar with women's stories of abuse and healing ensured more robustness of data because of the comfort the women felt with me as researcher.

In addition to the initial invitation to each research participant to provide input into the research process, at each step in the process, participants were again invited to make suggestions or state preferences regarding how the research was being conducted. For example, at the beginning of the interviews, they were invited to structure how the interview was conducted. At the conclusion of each interview, when planning the next step in the research process, such as reading transcripts, each research participant was asked how she would like to do it, or if there was something she would like to do differently. Most of the participants wanted to follow the research process as outlined in the beginning, but there were occasions, such as the signing of the transcripts, when the women chose to follow a different process.

3.3.1 Sampling

An opportunistic approach was used to recruit research participants. I identified myself as the researcher and as the director of the healing centre, so that potential research participants could make an informed choice regarding participation. Recruitment was done through two organizations that provide services to women who were sexually abused in childhood. I sent a letter (cf. Appendix A) requesting agency participation in promoting the project. Upon approval from the agency I sent the agency the information sheet (cf. Appendix B) that described the research project. This information sheet and an invitation for potential participants to contact me if they were interested, was posted or distributed by the organization. It was stated clearly that at no point would the organization be asked to release information on any client. It was also stated clearly that no services would be affected by participation in this research.

When each potential participant contacted me, I determined that they met the criteria (cf. Appendix C), and they then confirmed if they wanted to participate in the research. It was at this point that issues of consent, confidentiality, participation and the participatory nature of the research process was explained. Following research protocol, the fact that this research was approved by the University of Saskatchewan Behavioral Sciences Research Ethics Board on October 31, 2007, was included in the letter of consent. This recruitment process was followed until I had fourteen research participants, at which time I asked the participating agencies to remove their information sheet. I received one final call from a potential research participant, who I thanked, and informed that the number of candidates required had been reached.

In the research proposal, I had determined that I would attempt to recruit between six and twelve research participants. Within three weeks, fifteen women had responded as potential research participants. One woman did not follow through on the process because her life became very busy. This immediate and strong response, and the follow through of all fourteen research participants in the time-consuming and at times emotional interviews, indicates that the need for this research resonated for many women.

All fourteen of the research participants met the criteria. The criteria for participation was any woman, eighteen years of age or older, who identified as someone who felt they had experienced healing from the effects of child sexual abuse. Each participant was required

to identify a minimum of two supports, one professional and one personal. This criteria was to ensure that if through their participation in the research they experienced distress, they had the support available that they needed.

In my role as director of the healing center, I did not provide direct service and therefore was not in a position of authority with any participant. Research participants may have been using services at the agency, but in my role as director, I did not influence decisions or learn the identity of women in the agency intake process, and therefore could not have influenced services provided, ensuring there was no conflict of interest.

Once a potential participant contacted me, and I determined that they met the criteria, I explained about consent, confidentiality, and participation, as identified on the Initial Contact Information Sheet (cf. Appendix C). They were invited to sign a consent prior to beginning the first interview that confirmed that they were informed of their rights and that they understood them. It was made clear to every participant that they could choose to withdraw any or all of their data from the research with no penalty or consequences to them. The participatory nature of the research process was explained at that point, and the potential research participant was invited to contribute to the process if she wished. At this time the initial interview was scheduled.

Some of the research participants explained when they first phoned to inquire into the research project, that they had not thought about whether or not they have experienced healing. My response was not to determine if they had experienced healing or not. I stated that if they felt they had experienced healing from the effects of child sexual abuse, then they met the criteria. Their decision to participate in the research project was in itself the construction of an identity for themselves as having experienced healing. Additionally, several of the research participants thanked me at the conclusion of the interview process, explaining that they had not had the opportunity to tell their story of healing before. Several of the research participants explained that they understood themselves differently as a result of this process.

The interview site was negotiated with each participant. An office at the healing centre was made available for interviews. For four of the research participants, both interviews were conducted in their homes, and for two of the research participants, the second interview was conducted in their homes. These interviews were arranged once researcher safety was negotiated and it was determined that there were not likely to be interruptions. The

women asked to meet in their homes because of the difficulty of travel for them, or because they were very busy and it was more convenient. There were no costs incurred on the part of the research participants, outside of their travel to the agency.

3.3.2 Data generation

Data were generated through two open-ended audio-taped, transcribed interviews with each research participant. Every participant agreed to being tape-recorded prior to beginning the first interview. Two research participants indicated concern that they would not have adequate time to complete their stories, at which time it was assured that additional interviews would be negotiated with research participants as they wished. However, the second interview for all of the research participants but one was much shorter than the first, and at the completion of the second interview, every research participant indicated that her story was done. Additional interviews were not needed. Every research participant was invited to provide additional data, in the form of written work, poetry, music or art, if they wished. One research participant forwarded her website that has artwork, for my use, and another forwarded some written material on her healing process.

At the beginning of the first interview, the letter of consent (cf. Appendix D) was read to the research participant, and any questions were answered. Research participants were assured that any information that might identify them would be removed from the data file, that a pseudonym of the participant's choice would be used, and that in the written summary of the research results, all identifying information would be removed or altered as negotiated with the research participant, to protect privacy.

Upon signing the letter of consent, the purpose of the study was reintroduced, and the research participant was invited to respond in the way that they felt more comfortable in telling her story of healing. Each woman was invited to share as much of her story of healing from child sexual abuse as she was comfortable. At this point I explained to each research participant that I was looking for what they believed were the priorities for any woman to heal from the effects of sexual abuse and, as they did this, to provide examples from their own stories as they were comfortable.

Throughout the interview, I used a semi-structured approach to interviewing, "in the interest of giving greater control to respondents."¹⁰ The interviews were open-ended, with prompting statements or reflective statements (cf. Appendix E) as the primary mode of

researcher inquiry.

Making data is a collaborative, ongoing process in which data are interactively negotiated by the researcher and participants; the data are rarely fixed and unchanging, never exactly replicating what is being studied. And of course, like any collaborative process, making data is complex and, in the laboratory/experimental sense, impossible to control.⁶⁵

There were times when we visited in the interview, and there were times when we discussed process, for example, if the research participant wanted to take a break, or to ask questions about me. The interviews were a collaborative process, with the emphasis on listening to each woman tell her story, with me as researcher reflecting back to them what I understood they were saying.

Once both interviews were complete, the written transcripts were returned to each research participant for review. Once the research participants had the opportunity to review the transcripts and make any changes, she was invited to sign the transcript release form. It was a choice for her, because release of the transcripts meant that ownership of use of her story was transferred to the researcher. This is discussed in more detail in the transcript release section that follows. Throughout the data generation process I documented my thoughts and reflections about the data and the research process, particularly following the interviews.

3.3.3 Data management

All data, including tapes, transcripts, interview notes and any additional material provided by the research participants or created by the researcher were kept in locked files in a locked office when not being transcribed or analyzed. Research participants received a copy of the transcribed interviews at the end of the interview cycle. A verbal summary of the first interview was provided to each participant at the time of the second interview. At the end of the interview cycle, depending on the participant preference, their transcripts and an overall written summary were provided to each participant for feedback and input. Pseudonyms were chosen by the research participants, and the list with research participant demographics and names that linked to the pseudonyms kept in locked, confidential files. Following completion of the study, data will be kept for five years in a locked filing cabinet, at which time they will be destroyed. All transcripts and subsequent written material is written using each research participant's pseudonym.

3.3.4 Transcript release

The transcript release process was very important, both for the women, and to the research process. The transcripts signify power relationships and ownership over the women's stories. At the end of the interview cycle and once the interviews were transcribed, the research participants were invited to review each transcript for tone and accuracy, and to make suggestions. Research participants were contacted and their preferred method of accessing the transcripts was determined. Most of the women arranged to have the transcripts of both interviews either delivered to their home by mail or in person, or left at the agency. They also received a copy of the transcript release form. A thank-you note was included in this package, with a note stating that whether they chose to sign the release form or not, I wanted to thank them for their time, and for the privilege of having heard their story.

Not one of the women questioned the content of their transcripts. One woman arranged for me to sit with her at a local park, and she reviewed her second transcript line by line, at the park with me present, occasionally discussing what she had said. The content was unchanged, but typos were corrected and how to identify people to maintain their confidentiality was determined. This process took almost three hours. Once she was comfortable that her edits had been made, she signed the transcript release form, and stated that she did not need a final edited copy for her records.

Several of the research participants were surprised by the way the transcriptions portrayed the interviews, but most of them were comfortable with it once I explained that this was typically how interviews were transcribed. However, two of the research participants, while happy with the content of their transcripts, were disturbed by the way the interviews were presented. One woman in particular explained that she felt it made her look stupid, because of the incomplete sentences, the 'um's and the 'uh's, and the interruptions. I explained about the transcribing process, and let her know that she had full say over if, and if so how, her data would be conveyed. Although this research participant had chosen to have both interviews at the agency, she invited me to her home to review the transcripts and to talk about it. She went through both transcribed interviews and corrected the grammar. She also made some additions and clarifications, although the content from the interview itself was unchanged. I assured her that even though a pseudonym was used

and there would be no way to identify who she was, I would ensure that any of her quotes would be configured in such a way that the speech would be coherent and stated as it would in a finished written story. This was important to this woman, and in response to her preference, some of the pauses and utterances that are not relevant to the findings have been removed not just from her quotes, but also from other women's quotes. While this improves readability and respects the research participant's request, this approach does not detract from the results because it is not relevant to the analysis used.

It was important to these women, and to the integrity of the research, to be respectful of their comfort and preferences in the use of their stories. In discussing the research process, I clarified to the research participants that once they sign the release form, I would be creating another story out of their's and the other research participants, and that it might appear very different from what they said, or from what they understand healing to be. Every one of the research participants said she understood this and that it was not a problem.

Out of respect for the research participants and in response to their request for access to any written material resulting from this research, the dissertation along with any future publications will be made available on line, through the agency. This is a way of respecting their confidentiality and their privacy and choice while meeting their request for access.

3.3.5 Analysis and data representation

A method provides a tool to enhance seeing but does not provide automatic insight. We must see through the armament of methodological techniques and the reliance on mechanical procedures. Methods alone – whatever they might be – do not generate good research or astute analyses.⁶⁸

The data was analyzed initially using a holistic-content approach, and themes developed through the process. The stories were then re-storied chronologically. Throughout this process, findings were considered in light of the literature and with the women's stories, and themes reconsidered in an iterative process until a point of saturation was reached.

The process for a holistic content analysis model for analysis as suggested by Lieblich⁹ provided a general framework to begin the data analysis. This process includes: reading the interviews several times until a pattern emerges; putting initial and global impressions into writing; deciding on special foci or content or themes that you want to follow in the story as it evolves from beginning to end; marking various themes in the story; and keeping

track of the result by following each theme throughout the story and noting conclusions.

As suggested by Lieblich, the first transcription of every interview was read as a complete story. Later, selected portions were highlighted as a focus for further analysis. As different areas of focus for analysis emerged, what participants were saying became more clear. In dialogue with participants and the literature, analytic ideas began to emerge, and change, and develop. The interviews I did not transcribe myself, I checked for accuracy by listening to and correcting inaccuracies. By listening to the whole interviews at this level, I found that interpretive categories emerged, and the way the story was told provided clues about meaning.¹⁰ By listening, noting emerging themes and inconsistencies, and reflecting, I recognized patterns to consider more fully in the narratives. This process also led me to reconstruct chronologically, or re-story, the women's narratives.

The process of analysis began at the time of the interviews themselves, interspersed with readings of relevant literature as ideas emerged in the interview process. Because there were twenty-eight interviews over a period of eight months, the interview process was iterative, with interviews informing literature searches, informing interviews and thematic notations. With every interview, I listened to and reflected on the story and the process, highlighted salient quotes, and continued to summarize emerging themes, thoughts and reactions. Throughout this process, I sorted citations and my thoughts about the citations as they emerged from the interviews, the transcribing and accuracy checking process, and the interview reflections. As the interviews neared completion and the themes emerged more clearly, I summarized the themes with headings, and sorted them hierarchically. The themes are not mutually exclusive, nor are they the only themes that emerged from this research project. They are the themes that presented as most relevant to the women's stories when considered in the transcripts, the overall narratives, and the literature, and through analysis it became evident that these themes are pivotal to the women's stories overall.

At this point, it became clear that I needed to immerse myself more fully and completely into the stories. I went away for a week, to a location that I find nourishing and private in my home province, and with few distractions. It was at this point that I believe I reached the true depth of analysis necessary to really hear the women's stories. I re-read every interview holistically and re-sorted and redefined the themes, and recognized that in order to understand the stories fully, I needed to use a second approach to the analysis.

The women's stories of healing were not told in a chronological sequence. This was hindering my ability to fully understand their stories. I chose to approach this part of the analysis by using a problem-solution narrative structure approach to analysis that resulted in a restorying of the narratives.¹¹ As described by Ollerenshaw and Creswell, I first read through the story, and then identified the elements. The segments of their stories were sequenced to form an action map that began with where the stories began, and ended chronologically. Personal and social events that the women indicated as important were plotted into the timeline and restoried to tell a new story about healing.

This was an extremely difficult and messy process, but it resulted in the emergence of a clear pattern that is consistent for every one of the research participants. Finally, in recognition of what appeared to be emerging as an overarching theme, the body, further analysis revealed that the body is not only a theme, but the foundation for the healing process. The chapters that follow reflect this analytic process. Every interview was analyzed a minimum of three times holistically, a minimum of twice thematically, and multiple times in portions to check for accuracy and relevance.

The process of re-storying took the full week, and I was rewarded with a sense of saturation of the data. The themes and the pattern of healing that emerged from that process integrated into a way of understanding the women's stories of healing that I had not experienced, or read about, previously.

Upon my return home, I continued the process of locating examples and quotes from the interviews that reflected the thematic headings and the pattern from the re-storying process. In defining the new plot lines, or the re-story, I continued to revisit the women's transcripts, reading them again for accuracy of the themes and patterns.

As described above, transcription merges into analysis, and "analysis cannot be easily distinguished from transcription."¹⁰ Analysis was done throughout the data collection period. Initially I looked at the narratives as a whole, rather than fragmented story, and initially I looked at the meanings, traits, motives, or images that symbolized the women's stories of healing, more than the structure or the form of the life story, such as the plot, sequencing of events, relation to time, complexity and coherence.⁹ It was after I did this that I considered each story from a chronological or sequential plot line.

As the researcher, throughout the research process there were times that I responded in and through my body. Some of the descriptions evoked a physiological response in me,

or I had tears or an emotional response. The stories resonated in my body, because I brought my self to each story, and because my story intertwined with each participant in the co-creation of her story. Two of the stories were not in my memory between the initial interview recording, and the reflecting on the transcripts months later. The women's stories are about violence that, when I reflect on the reality through a child's eyes, is abhorrent. This is my experience, as someone who has heard stories and seen the effects of violence on women personally for decades of direct service work in violence. I was engaged in the process, to the point where I did not remember two stories, because to be engaged fully meant to experience the violation that the stories represent at a more personal level than I was capable at that time.

The challenge for me as the narrator was to attempt to capture, and then to convey, the complexity and authenticity of the stories while maintaining my own embodied presence, and at the same time stepping back enough to see and hear the broader story. I narrated the stories as heard by me, the narrator. My story enters as a presence, a filter and as a context provider. The story is re- and co-created within the relationship between the teller, the research participant, and the listener, the research investigator. I will be creating my own story and it is my own story that contextualizes their stories.

I strove to be aware of my presence in the stories, and to articulate the understanding that within my own narration, this dissertation, the story will change and be changed by the reader as much as by myself as the narrator, or researcher. I tried to be mindful of any inclination to distance myself, something that happened at times when I felt I had 'nothing left in me' to be able to work on the research. It is important to point out that there are multiple points of entry and intersections for each woman's story. It was up to me to choose many of those points of entry and intersections, and now it is up to you, the reader and listener, to listen respectfully and critically to the story, and to know each story is the truth for the woman as she told her story at that moment, and that this new story of healing is the truth as I knew how to tell it at the moment that I wrote it. I recognize that in the telling of these stories of healing, and in the analysis and publication of them, I am now complicit in creating a narrative of healing from CSA that may eventually become prescribed. This is a concern, because the development of a healing narrative may become prescriptive and therefore unable to respond to the complexities and unique nature of every woman's experience and story. However, not to proceed would mean to become complicit

in the silencing of women's voices about child sexual abuse and the healing process. I choose to proceed, but with caution regarding the potential for simplifying experiences that are complex.

3.3.6 Rigour and legitimacy of results

For thematic analysis I maintained an audit trail of the data generation process by keeping discrete, dated copies of the themes as they were identified. Research participants were provided the transcripts for review following the completed cycle of interviews, and findings were shared with participants throughout the data generation process. Research participants signed the transcript release form only once they were satisfied that the transcripts reflected what they had said, and what they meant. The release forms were signed prior to finalizing the analysis and any written summary, ensuring accuracy of the data. The literature was checked throughout the data generation and analysis process in order to reflect more fully on the findings.

A researcher journal was maintained throughout the data generation and analysis process as an opportunity to reflect on my own thoughts, feelings, and intuition regarding the process and findings. This was not included as data.

3.4 Summary

A narrative approach was chosen to explore the stories and the meaning of the stories of healing for women in the context of child sexual abuse. Relationships of power, embodiment, social and cultural context were considered, both for the women and their stories, and for myself as researcher regarding my relationship with the research participants and with the analysis and findings.

CHAPTER 4

PROFILES

I haven't been able to tell my story like this. From a different perspective now, you know, from a different place in my life. It's been really interesting . . . But this is who I am, you know. [Les]

This chapter provides an introduction to each of the fourteen research participants. They are identified only by the pseudonym they have chosen and all potentially identifying information has been removed. The women included in this study range in age between twenty-two years and fifty years, with an average age of thirty-three. Five of the women had no children, and nine of the research participants had twenty-six children between them, with one more child on the way. The children ranged from under one year, to twenty-four years of age, with most of the children ranging in age between five and fifteen years. Eleven of the women were in a committed relationship, one with a woman and ten with men, and nine of the women were either working outside of the home, a student, or both. Eight of the women had significant health problems, not including diagnoses such as anorexia, bulimia, or depression. All of the women but one portray in their stories the most common pattern of childhood sexual abuse: male perpetrator, female victim, female non-offending parent. In the one exception (Tuppence), her mother was an abuser, but her story focuses on the sexual abuse by her brother.

As researcher, I made decisions continually regarding what information is included in this dissertation, and what information is left out. My decisions were made with the understanding that every one of these women's stories began with a story of violation beyond what many readers want, or are able to believe. Some of the research participants chose to share little of the background of abuse, and some included a great deal of detail. As the narrator of their stories, out of respect for the women and in order to maintain the integrity of their story, I include in this dissertation descriptions of the abuse that the research participants identify as relevant to their stories of healing, and no more.

I chose to eliminate unnecessary details because the process of telling may inadvertently recreate the violence, and because I chose to focus on the strength and resilience that facilitated healing, rather than to focus on the acts of violence that these women experienced. For many of these women, in addition to child sexual abuse, they experienced intimate partner violence and/or sexual assault as adults. The other experiences of violence are included in the women's profiles when relevant to their stories. It is not my intent to protect the reader or hide the details, because to do so would make me complicit in maintaining silence surrounding the sexual abuse of children. My intent is also not to recreate the acts of violence.

The following is an introduction to each of the fourteen women who participated in this research project. The introduction provides an overview of each women's history of abuse, her story of healing, and some description of my experience of how she told her story. Each woman chose her own pseudonym, and any identifying information has been altered or omitted to ensure anonymity. I introduce you to Lisa, Nel, Jane, Corrie, Sara, Tuppence, Jac, Les, Jennifer, Kristie, Mary Jane (M.J.), Connie, Sonshine, and M.C.

4.1 Lisa

A First Nations woman in her twenties from a small community in rural Saskatchewan, Lisa is the mother of three elementary school aged children. At the time of her interviews, Lisa's children were being cared for by her family members because Lisa was dealing with a problem with addictions and was unable to care for them safely. At the time of the first interview, Lisa had recently completed an addictions program and was staying in a healing centre to work on healing from child sexual abuse. She keeps in regular contact with her children, either in person or by phone. Lisa also stays in contact with most of her family members, although her relationship with her siblings is not good, because Lisa had stolen from them to support her drug use. Traveling to 'the city' is difficult for Lisa, but she chooses to do so in order to access the services she needs.

History of abuse

Lisa was abused by her grandfather, and by an uncle. Her uncle was charged and convicted for sexually abusing someone else, and Lisa gave evidence in court about his sexual abuse

of her. He received three years in jail. The abuse by her grandfather continued throughout most of her childhood. She described her role as a child with her siblings, of which she was the second oldest, explaining that “when I was abused, I always made sure my sisters and brothers slept on that side [gesturing] and I slept on the end, so they wouldn’t be abused.”

Overview of healing story

Lisa’s story of healing involved living on the street using intravenous drugs, visits to addictions detoxification programs, and eventually being hospitalized for a life threatening illness directly related to her drug addiction. It was following this hospitalization that she attended a detoxification centre that provided traditional Aboriginal healing programming, including sweats¹.

Telling her story

During the interview, Lisa appeared to be anxious to please and to be understood. Although she struggled to find the words, she was clear about what she wanted to say. She was engaging, personable, matter of fact, and humorous. We ended up laughing several times during the first interview, and chatting comfortably during the second interview, and on a few occasions she had tears in her eyes, although she did not cry.

Lisa appeared to be hesitant to talk about herself. She interjected her story regularly with the queries “do you know what I mean?”, “am I making sense?”, “do you know what I’m talking about?”, and “I don’t know how to explain it.” Lisa described the healing process as ‘taking baby steps’ and she struggled to find the words to describe her experience when we were in an office environment. The second interview was done in a vehicle, driving her to the bus depot, at which time she spoke at length and descriptively about her experience.

Lisa did not tell her story as a ‘story’, with a beginning, middle and end. Her story started with the present, with her stay at a healing centre, and she told of some of the factors that are helping her now. Lisa then moved back in time in her story, telling it in bits and pieces, moving between her childhood and the present. As Lisa talked about everyday

¹A sweat refers to a Sweat Lodge Ceremony, a healing ritual used in First Nations culture.⁶⁹

events or some of the issues she faced, something would emerge that was a key memory for her. The interview process followed a circular process, with a piece of information emerging that led to a more personal and descriptive account of what she considered to be her healing journey.

4.2 Nel

Nel is from a mid sized city in another province. A graduate student in her in twenties, she is single, and has no children. She was pleasant to chatter with, and had a self-deprecating humour. She attended to her physical needs throughout both interviews. For example, she changed the heat on the thermostat, got drinks of water, and moved around to be more comfortable or to emphasize what she was saying. We laughed frequently throughout the interviews, and she cried a few times. It felt that her whole body was engaged in the story-telling process. At the time of her interviews, Nel was in regular contact with her family. Nel has struggled with an eating disorder, has a history of depression from early adolescence on, and started cutting (self-harming) when she was approximately fifteen years old.

History of abuse

Nel was sexually abused by her older brother over several years, starting when she was about to start school, at about the age of five, and continuing on and off into her late teens. As Nel got older, the abuse became more violent, to the point where she had to be constantly vigilant in her home. At different times as a teenager, Nel had to escape, for example out of a window, and from a car. Throughout her childhood, she hid evidence of the abuse from her family and her friends. At the time of the second research interview, Nel's parents were not aware of the abuse.

Overview of healing story

Nel's story began with the process of her starting University and getting counseling for reasons other than the abuse. Over a period of two years, her story vacillated between finding people who would support her and learning to trust them, and an escalation of crises on her part. Her story culminated with her admission into the hospital because of a

suicide attempt, and her disclosing the abuse to the medical professionals in the hospital. As a result, a psychiatrist ensured that her living arrangements were such that her brother no longer had access to her.

Telling her story

Nel told her story in a way that had both of us chuckling and laughing interspersed throughout both interviews. She told her story in a linear way, with the first interview summarizing the evolution and impact of the abuse, and her experiences up until she began to actively receive support for the effects of the abuse. She stated at the end of the first interview, “I think I brought us up to the last two years from now”. The second interview, which was much longer, was an engaging story of her learning to trust support people, and life circumstances seemingly forcing her to address the sexual abuse. Although she cried briefly when describing a moment when she learned that her brother was moving back into her family’s home, Nel primarily expressed humour, and used diagnostic terms for her experience, describing her experiences as symptoms in a clinical manner.

4.3 Jane

Jane is a woman in her early 40’s, who lives in a larger city in the Prairies, is married to her second husband, has four children, and who maintains regular contact with her family and her many friends. Jane has experienced health problems over the years. She has diabetes, has survived ovarian cancer and a brain tumour, had four caesareans, had difficulty maintaining a healthy weight, and has had a number of other serious health problems. Jane explained that she believes she is ugly, or broken, despite hearing all of her life how beautiful she is.

History of abuse

When Jane was three years old, a stranger sexually assaulted and then attempted to abduct her, and then “a couple of other incidents that happened to me as I grew.” She did not remember the experience of being assaulted and the attempted abduction until recently, but her parents remembered the incident without knowing that it had been a sexual assault.

Overview of healing story

She began her story by explaining that the very start of her healing “was actually understanding what had happened to me.” She then circled back in time to the life events that led to how she came to understand that she had been assaulted as a three year old.

Jane married young, had two children, and then left her first marriage with her two children because of intimate partner violence. She remarried a few years later and had two more children. When her youngest child, a girl who resembles her, turned three years old, the age Jane had been when she was assaulted, Jane began to ‘fall apart’. She also began struggling with parenting at that time, wanting to parent differently than she had been doing. She attended a parenting group, and eventually was referred for counseling for herself. It was at this point that she remembered being assaulted.

Telling her story

Both interviews were conducted in Jane’s home, over coffee in her kitchen. Humour played a big part in our conversation, usually regarding children and parenting examples, and a couple of times she had tears in her eyes, particularly when she was describing a picture she saw of her self as a three year old that was taken after she had been assaulted. Jane talked about feeling “like a broken doll . . . I felt like a broken doll that had an arm ripped off, one of the eyes poked out.” Conveying a commitment to parenting, Jane interjected her story often with anecdotes and humour related to children and parenting. She appeared relaxed but busy, answering the phone in the middle of a sentence and then continuing her story once she was done with the call.

4.4 Corrie

Corrie is in her mid forties, married and living in a mid-sized Prairie city with her husband and their five children. Her home is busy and full of activity, as she home schools her children, and there are numerous projects ongoing at any one time in her home. She speaks passionately about being a parent, and about holistic approaches to health for her and her family, and she read and researched continually about schooling her children, health concerns, nutrition, therapy, and any other topic relevant to her role and her healing process. She went to university as a young adult, but quit after a professor “came on to

me, and I just snapped.”

Corrie has limited contact with her family, with whom there is a history of conflict. She explains that she is dissociative, but that she does not have Dissociative Identity Disorder (D.I.D), and for that she is grateful.

History of abuse

Corrie was sexually abused by a man whose children she babysat as a young girl. She realized she had been sexually abused when a priest, who she met when she was fourteen, sexually assaulted her when she was eighteen. Immediately following the sexual abuse by the priest, Corrie started having flashbacks of being abused when she babysat. She went to another priest to talk about it and the second priest told her that the experience she had babysitting was childhood sexual abuse. He did not talk about the sexual assault by the first priest, and “after every counseling session, he [the second priest] sexually abused me.” She later remembered other incidents of abuse, in total, Corrie said “I think there was nine abusers . . . nine or ten.”

Corrie explained that she feels fortunate that none of the situations of sexual abuse she experienced were prolonged, and most of them were from outside of her family, except when “my father abused me once. When he was really drunk. My brother abused me once. But there was a lot of physical abuse. I had extreme physical abuse within that home as well.”

Overview of healing story

The story Corrie told is woven in with the story of her children’s births and schooling, and of her marriage, centering on her dedication to her family. For example, her continued dedication to home schooling her children in spite of her experiencing difficulties coping motivated her to continue to heal in order to be more emotionally available for her children. She determined the timing of significant events by determining who was just born, or who was breastfeeding at that time.

Corrie explored several different types of therapy throughout this process, and separated from and then reunited with, her husband. Corrie continues to grieve because she went into a crisis and stopped breastfeeding one of her children before both she and her son were ready. In general, Corrie’s story of healing is also about how she began to understand her

needs, and to meet them, much as she was doing for her family.

Telling her story

Corrie expressed emotion verbally, and occasionally with tears. She had an inquiring approach that led her to try to understand what I was saying, as much as I was trying to understand and listen to what she was saying. She did not present her story of healing story in a chronological fashion, but rather she wove the stories of her children's births and the strength and vulnerability of her marriage with the strengths and vulnerabilities of her therapists, and the deaths of her parents. Her story circled around multiple crises, and I had to read, and re-read Corrie's story several times, in order to document the time line of what she refers to as 'crashes,' which are significant anchors to her story.

4.5 Sara

Sara is an artist and a musician in her fifties, divorced with no children, and not currently working in her career as a teacher. With a serious demeanour, she has health problems that she believes are directly linked to the sexual abuse she experienced. The story of healing she describes takes place over a period of about twenty years. Her home is organized and exceptionally clean, and reflects her passion for and talent in, art and music.

History of abuse

Sara was sexually abused by her priest when she was a young child, and by her therapist when she was a young teenager. She knows of other abuse that she experienced, but did not include that in her history. She suggested that she may have been sexually abused by family members, but does not want to explore that yet. Her family also has a history of alcoholism and emotional abuse.

Overview of healing story

Sara's music plays a big role in her story of healing, beginning with a story of silencing and moving to experiences of her singing and playing her instruments publicly. In describing a painting by Michaelangelo, Sara said "To me the, the abuse is a perfect example. It's layer and layer and layer of grime that just gradually over, over the years obliterated who

I really was. Nobody saw a real Sara. You know, it's just the one that was created or altered over time." She explained that her real colours, the bright ones, are just beginning to show now.

In addition to the painting metaphor, Sara, who is, among other things a musician and an artist, also described herself as a vase that is cracked.

I was, you know, it was like, you know, like all those vases like they're, they have all those little cracks in them, millions of cracks you know and there looks like tiny little pieces and yet this vase holds water, crackle vase I think that it's called? And that's where I felt like accepting it, you know, and falling apart. And I was looking at myself and was totally shattered when I, I have to put myself back together again. I need to get back to a functioning place like I can't possibly do that. I cannot possibly rebuild myself from that shattered state and that's where I needed something greater than myself.

The story of her divorce plays a significant part of her story of healing, because her healing story began at the time that she chose to work on herself and her healing, and not on making the marriage work. Sara's health problems were important in recognizing that she had been abused, and her involvement in the Church and her faith and spirituality were important to her healing story.

Telling her story

Sara chose to have both interviews done at the healing agency, but invited me to her home to review the transcripts. She was hesitant at the beginning of the first interview, having planned to write her story prior to meeting for the first interview. She did not write her story, and as she began to talk, her story became more clear and her way of telling it became progressively stronger. Her body language initially was closed, with her sitting somewhat hunched, her voice very quiet, and very little laughter. By the end of the second interview, Sara was speaking clearly and loudly, laughing often, and her body language was more open. She cried, quietly, a couple of times during the interviews, in a restrained manner, as if to apologize for showing emotion.

4.6 Tuppence

Tuppence is a woman in her early forties, married, with one child. A full time graduate student, she is also working and parenting, and in what she describes as a strong relation-

ship with her husband. She uses unique turns of phrase, and is fun to engage with. She presents as a bit off-beat, in her presentation and her lifestyle.

History of abuse

Tuppence was abused within her family, by her brother as well as by her mother.

Overview of healing story

Tuppence did not remember being sexually abused. Her story began with a very brief overview of the progression from when she went into crisis from what she believed was stress at the time but what she realized later was the effects of the sexual abuse, and then circled back to some of the key dynamics of her healing process. She went through a period of seclusion after the birth of her child and subsequently, the death of her mother. At this time, she avoided contact with anyone other than her partner and child. She found counseling for reasons other than the sexual abuse, and it was not until she had learned to trust her therapist(s) that she recognized and disclosed that she had been sexually abused. She had been diagnosed as dissociative, and as depressed. An important part of Tuppence's story was when she filed a police report on her brother, although her father did not want her to. She is grateful that her father still "accepted the whole thing and I mean when you get down to it, look how many people lose families over this."

Telling her story

Tuppence expressed deep appreciation of her experience and the people who became involved in her life, including those who she had unpleasant experiences with. In the telling of her story, she appeared to digress quickly and easily, pointing to an item that had a meaning for her, and then the digression would be woven in a unique and sometimes startling way back into her story. She described being depressed briefly, and without emotion, and did not express tears or distress in the telling of her story.

Tuppence described her healing using two analogies, one that was about her as a vase that is needing to be fired, and another of a square wheel. Her delightful analogy of the square wheel is that as life events happen, as she makes small changes and experiences different things, as the wheel that is square she moves through the process meeting resistance and difficulty turning, going 'thunk' and getting stuck until the momentum makes another

turn of the wheel possible. Eventually the square edges are smoothed, and it goes from a ‘thunk’ ‘thunk’ sound and impact to a more rounded, smooth one that flows more easily. Her analogy is “having experienced trauma to being a victim” is to healing as “a square wheel. Thunk, thunk, thunk. With defined stops . . . as time goes on and the wheel erodes then becomes round, it just rolls without that stop.” Transformation occurs as the square edges are smoothed.

Tuppence enjoyed sharing tea during the interviews, and made no apologies for a messy home. We laughed often during the interviews, and regularly became philosophical about the healing process. Tuppence spoke strongly about her beliefs, and did not hesitate to say if she felt differently about something I had said.

4.7 Jac

Jac is a married woman in her mid forties, with two elementary school aged children. She has support from her immediate family, but not from her extended family, although she remains in contact with them. She continues to work in her profession, raise her children, and support her husband with his business, work that involves activities in the bush. When we met at the healing centre for the first interview, she was very excited about a new program she was to experience the following week, and was looking forward to sharing how it helped her when she returned.

History of abuse

Jac had been sexually abused by her uncle throughout her childhood, beginning when she was very young. She also recounted her memories of living in a convent, which she experienced as oppressive and occasionally abusive. She did not disclose the abuse to her family as a child, only telling her mother about it in recent years.

Overview of healing story

Jac stated early on in the first interview, when discussing this new approach that she was trying, “you cannot change your story but you can change your relationship to your story.” She described a process of several years when she struggled with depression, went to self-help programs and personal development workshops trying to ‘fix’ a depression she

could not explain, all of which ended up furthering her depression. Her story of ‘changing her relationship’ to her story included learning to pay attention to, and then engage, her body and her body’s responses.

Telling her story

Jac provided a description of herself floating down the river of life, needing a life jacket, and then adding life jackets to help her float better, until she had so many life jackets she was sinking no matter how she rearranged them. She describes needing to let go of those life jackets but being “reluctant to let go of my life jackets because for most of my life they helped me to float.” She spent years going to workshops trying to ‘fix’ herself – her life jackets. That process ended up weighing her down, eventually making her ‘sink’. It was not until she ‘let go of the life jackets’ by learning to listen to her body, that she learned to swim. Near the end of her first interview, Jac also said “the picture I often had was of a little soul crushed. It’s like I was a little puppet that was dismantled.”

Jac explained how words can have an impact on her life, including the messages she gives herself. “I like ‘life is good’ you know, and I realized that by saying that, it shifted me to looking at what’s good in my life, and then I can be grateful.” She was positive and enthusiastic, engaging her body in her descriptions by using her hands and moving about in her chair, expressing interest by leaning forward, smiling frequently and gesturing in a way that included her whole body. She conveyed emotion by using words, but not with tears.

4.8 Les

Les is in her forties, and married to the father of their three children, a man she describes as extremely supportive and accepting. She has had health problems as a result of a car accident when she was a young adult, and illnesses. The births of her children were significant to her, and she has three very different birthing stories.

History of abuse

Les was abused by her uncle, who she explained was a pedophile and who abused her cousins and she believes possibly her brothers as well. The sexual abuse started when she

was four or five years old and continued until she was thirteen years old. Les was also raped as a young woman. When as a teenager she disclosed that she was being sexually abused by her uncle to her mother, her mother believed and supported her. The disclosure and the support from her parents impacted on her extended family, causing a lot of conflict.

Overview of healing story

Les's story began with naming the abuse that occurred when she was in grade eleven and a teacher explained about sexual abuse. It was then that Les disclosed to her mother, and a series of events unfolded. She got some counseling for a brief period of time, but stopped. It was not until she experienced additional crises, a car accident and needing to support a cousin who was having difficulty, that she returned for support for herself. Her story continues through the development of a loving and supportive relationship with her husband, the births of her children and additional life events, including depression and an emotional and physical break down. The bulk of her story, includes the story of the process she went through in confronting both her uncle and the man who raped her, stating "what's healing about each is that I had a chance to voice . . . 'you did this to me. It actually happened'."

Telling her story

Les told her story chronologically although, while she started with a history of the sexual abuse from her uncle that began when she was a young child, she did not tell about the rape she experienced until she was well into the story of the supportive therapeutic relationships she had as an adult. It's almost as though the story of the rape got lost in the trauma of the car accident, confronting and charging her uncle, and trying to get support from her family. She was verbally and emotionally expressive, often moving to tears when she told of a point that was particularly difficult, and laughing at other moments.

Les used the phrase 'birth rape' as a way of capturing what the birth experience was for her first child. This is particularly poignant, as she had not yet dealt with the rape she had experienced as a teenager. The births of her second and third children were positive experiences, stating "the second time with the love and support of two doulas, I was able to give birth at home . . . and with my third child . . . I had an unassisted birth but it was again a way of empowering that my body is capable of doing these things and I can do

this.”

4.9 Jennifer

Jennifer is in her mid-thirties and married to a man she describes as very supportive. They have a very young child, and hope to have more. She got part way through a University degree before a depression affected her to the point that she could no longer continue.

History of abuse

As far as she can remember, Jen’s father began sexually abusing her when she was four years old. She believes that she was not sexually abused much before that time, because of her father’s absence from the home because of his job. The sexual abuse lasted into her late teens, becoming progressively more violent as she grew older.

Overview of healing story

Jen explained that she had no conscious memory of the abuse as an adult. Her story focused on her relationship with her husband, and the support from her therapist. Her life had felt out of control for several years, and Jen went through years of mental health diagnoses, counseling, and trying to deal with anorexia and bulimia, alcohol problems, spending problems and crises. It was not until she experienced years of unconditional love and support from her husband, support from her therapist, and a move out of the country, that she was able to entertain the possibility of having been sexually abused as a child. “I finally got geographic distance from my father . . . so much space from that that I could feel myself again.” She described a six-year process of recognizing that she was dissociative, and that she had been sexually abused for much of her life by her father.

Telling her story

Jen started her story by explaining that she felt “something in me sort of twitched in that ‘there is something seriously wrong here,’ . . . I was very happy in my life. Like I had no reason to be unhappy. I had no reason to be filled with the tears and the pain and all that kind of stuff . . .” Starting with a brief thumbnail sketch of her process, she told her story in a back and forth manner, and it took a number of readings to become clear on

her timelines. While still very difficult to tell, Jen made a point of not avoiding the parts of her story that she found painful to talk about. Near the beginning of her story, Jen explained that all of her life, she hated herself, “all my life I’ve wanted to be someone else so desperately, anyone, didn’t even matter, even just for a day to get some relief, but now, this is the first time in my life when I actually don’t wish that I was someone else.”

4.10 Kristie

Kristie is a single professional woman in her mid thirties, who owns her own home and works full time. She has been an active member of a team sport, and over the last two years she lost a lot of weight, about which she is very happy. When we met, she explained that she had only recently started to wear clothing that fit her properly, and that she was no longer uncomfortable having the lines of her bra show. She is not, and has not been, in a long-term relationship for some time.

History of abuse

From the time she was eleven years old until she was sixteen years old, Kristie engaged in sexual activities with a group of children from her school, several of whom were older than her, in a manner that she experienced as coercive. She ended this involvement at sixteen when she began a relationship with an older man, a relationship that was abusive.

Overview of healing story

Kristie’s story of her healing process takes place over a period of close to seven years. It was in a professional training, one that she had been going to for years, that included education on child sexual abuse. “I sat there for probably seven years in these, and finally the one year it hit me that, in the sixth year it hit me. I, I’ve experienced this in my life and then I was able to tell my counselor that this had happened.” Kristie remembers the feeling she had when she first recognized that she had been sexually abused. “I remember going, ‘well this is what’s happened to me.’ You know here I am sitting on this thing, and it fell on me like a ton of bricks.”

Kristie explained that she had been seeing her counselor for work conflicts prior to this training session, and that the “onset to healing was trusting my counselor and then when I

told her what happened she believed me.” Her story of healing included therapy, attending groups and workshops, experiencing depression and crises, and exploring creative outlets such as journaling and art. She disclosed to her family and, although it was a difficult process, she received support from them.

Telling her story

Throughout both interviews Kristie often laughed and smiled, and she rarely had tears. She approached the telling of her healing story in a unique and organized manner. In her first interview, she summarized the key points of her story, and in the second interview, which took place in her home, she had her files and a summary, written over a few months, of her process that she had taken from her journals and e-mails to her brother. Her second version of the story expanded on the first in a lovely, layered manner. At the conclusion of the second interview, Kristie expressed appreciation for being involved in the research, and described moments of experiencing and showing appreciation for some of the key partners in her healing, including her friends, her sports activity, the healing centre, and most importantly for her therapist. She said that now she is ready to put the tangible remains of her healing process, such as her artwork and her journals, “downstairs now. I’m ready to put it down.”

4.11 Mary Jane (M.J.)

Mary Jane (M.J.) is a soft-spoken First Nations woman in her early thirties, married and expecting her fourth child. While gentle in her manner, she presented strong determination, and was not hesitant to express her opinion. M.J. explained that her mother, and on her father’s side her grandfather, had attended residential school and “so I know just my mom and dad living in western society, you know, trying to adjust to that was kind of challenging.” She explained that she grew up not using proper terminology for body parts, and she attributes her parents discomfort with using proper body terminology as well as her mother’s avoidance in dealing with sexuality, to the impact of the residential school system.

In M.J.’s early adulthood, members of her family experienced tremendous violence, trauma and injustice. M.J. and her family have experienced loss and injustice, and her

story of abuse and of healing is woven with the stories of her family.

History of abuse

M.J. was sexually abused as a small child by a babysitter, and when she was a teenager she was gang raped. She does not remember disclosing the abuse to her mother, but she does remember playing with dolls in a sexually explicit way, and being nervous and afraid of men. She believes that her mother understood that something had happened, because she felt that her mother protected her from being alone with men from that point on.

Overview of healing story

M.J.'s is a story of extraordinary community support and care. M.J. told a story of years of crises, instability and support before the 'real' healing process took place, which occurred when she was attending a Women's Healing Circle in her First Nations community. Over the first several years of her story, her mother was killed, and when expecting her second child, her husband was wrongfully incarcerated. Throughout those years, M.J. continued to return to post secondary studies, to Church, and to her First Nations community for support, which she received. In her story of healing, M.J. wove learning practical skills for living with cultural healing and western therapeutic approaches with her role as mother and wife.

Telling her story

At the beginning of the first interview, M.J began to tell her story in a matter of fact way, about her growing up, the sexual abuse, her moving away from her home, getting involved in a Church community, leaving it, and then meeting her future husband and going to college. She described emotion, but did not show it through tears, and she was calm throughout the telling of her story, even when describing times when she felt alone and very frightened. As her story began to unfold the extent of the injustices she and her family experienced became evident. M.J. expressed surprise at times at the nature of her story, explaining that in telling what she had experienced it did not seem 'real.' At the end of the second interview, M.J. explained that this was the first time she had told her story from beginning to end, and that she understood herself differently as a result.

4.12 Connie

Connie is a full-time graduate student in her late twenties, who works part time in the medical field, and who recently became engaged to be married. Her manner was restrained but engaging. She feels passionately about telling about the issue of sexual abuse, in order to help others.

History of abuse

Connie was sexually abused when she was six years old by a friend's father who lived in her step-grandmother's neighborhood, where she stayed. This man stalked her for a period of six years, and molested her on three separate occasions over those years.

Overview of healing story

Connie's story of healing began when it was disclosed that her grand-father had been sexually abusing all of her cousins, and not her. This affected the support she got, and also her decision regarding disclosing the sexual abuse. She was further conflicted about disclosing the sexual abuse because when as a young child she had told her step-grandmother, who she stayed with through the day, what was happening, her step-grandmother reacted with anger and did not believe her. As she grew up, she experienced depression and was withdrawn.

Connie's story of healing is woven around her depression and suicidal ideation, and the relationship of trust with her fiancé, her determination to charge the man who abused her, and her fear of disclosing. She learned as an adult, when she was able to trust enough to let her family know, that the support was there from her family, but she was not able to access it as a child.

Telling her story

Connie told her story in a chronological fashion, moving from a description of her experiences as a child, until her attempts to convict the man who sexually abused her. She told her story in a calm, matter of fact, and quiet fashion.

4.13 Sonshine

Sonshine is a woman in her late forties, living in a small rural community with her husband. Her three children are adults and living on their own. We were joined for both interviews by her very small long-haired dog, who sat and watched me, unmoving, through both interviews. It felt to me that this was Sonshine's watchdog, who was making sure that Sonshine was safe.

A woman of faith, Sonshine describes herself as "a follower of Christ and I try and live my life with integrity and ... the fruits of the spirit, the love, joy, peace, patience, kindness, goodness, gentleness, faithfulness and self-control." She has been aware of her diagnosis of Dissociative Identity Disorder (D.I.D.) for several years, and so her identity as a follower of Christ can "get thrown out of kilter ... when the other parts come and take over." Sonshine continues to participate in a D.I.D. support group even though it is in a larger city and is time consuming to drive to.

History of abuse

Sonshine's first memory was of an uncle abusing her as a girl. She later had memories of ritual and cult abuse that included her parents and other community members, starting when she was a very young child.

Overview of healing story

Sonshine's story of healing is a story of unwavering faith. She explained that it is God who shows her the way to heal, and to allow her to remember the abuse as she is able to handle it. She began her story of healing with her first recognition that she had been sexually abused, when she was pregnant with her first child. Over the next two decades, she experienced depressions and crises that she eventually recognized as the result of years of sexual abuse at the hands of many people. She also learned, after several years of therapy, memories, specialists and workshops, that she had Dissociative Identity Disorder. This was helpful to her in understanding her experiences, reactions and behaviours.

Telling her story

Sonshine was a delightful hostess, providing tea and engaging chatter before getting into the interviews. Throughout the interviews, Sonshine would check to see if we were on track for time, and if she was presenting her story coherently, which she always was. She was calm and organized in her approach.

Sonshine explained that God “shows me things in my dreams.” One of these dreams I found to be a powerful metaphor for her healing process.

I had a dream there that I was a bird in a cage and it was going there. It’s kind of, that the cage door was opened and I was able to come out of the cage and be free. And one of the leaders in the group I told this to said “we just want you to know too that it’s okay to come back.” So it’s kind of cool because the cage, it wasn’t all prison like I said. It was a safety as well.

Sonshine told her story by beginning at what might be considered her ending, the creation of what she referred to as a ‘life map.’ “I had to make sense of my life . . . for me it was trying to put all these pieces together and kind of when the framework finally came together then I kind of wanted, I call it my ‘life map’ . . . I made myself do this to make sense of my life.” From there she told her story in a fairly sequential manner.

4.14 M.C.

M.C. is in her early thirties with a ready smile and a joke. She lives with her partner of three years, and her dog, and she works in her community, being involved in a variety of artistic activities. Over a period of years, M.C. has finally come to have “a relationship of some sort” with her mother, who she was estranged from for years, until her mother believed and accepted that M.C. was abused by her father, and left the marriage. She also has a relationship with family on her mother’s side. She has a number of additional supports, including a healing centre and a support group for D.I.D.

History of abuse

The abuse M.C. experienced began when she was a toddler, to her knowledge, and it took her a period of years to recognize the extent of the abuse she had experienced. It was not until she was going through a court process as a teenager still in high school, after disclosing

that she was being sexually abused by her father, that she started having flashbacks of experiencing ritual abuse throughout her childhood.

Overview of healing story

M.C.'s story began at the age of twelve years old when she began attempting suicide and self-harming behaviours such as cutting herself. M.C. also had a history of seizures and eating disordered behaviours. She attended a private boarding school, at which time she felt safe and recognized that something was terribly wrong in her home. She disclosed to an administrator at the school, and her story escalated from there. Her father was charged with sexual abuse, and she was expected to be a witness in court.

M.C. received support from a local healing centre, and the staff and a volunteer the agency provided support and advocated on her behalf, but she began having more memories, which put her credibility as a witness in jeopardy. Over the course of her story, M.C. went from no admissions to the hospital, to numerous admissions, primarily to Emergency and Psychiatric care, and then to few and now no admissions, over a period of ten years. After a dangerous suicide attempt that nearly killed her, she became engaged with professionals she trusts.

After years of diagnoses such as bipolar disorder, M.C. was diagnosed, with D.I.D. M.C.'s story is one of surviving psychiatric interventions, experiencing depression, attempting to attend University, and experiencing multiple crises. Throughout this, she also experienced positive caring relationships, eventually settling with her partner in a permanent home.

Telling her story

The interviews with M.C. were full of laughs and with tears. She was entertaining in her descriptions, and at times very emotional. She was expressive with both her body and with her language, and she was vigilant to her surroundings, occasionally startling at a sound that was not expected. It seemed that her body was fully present.

4.15 The Researcher and the Women's Stories

The stories that I heard and that I will be retelling in this dissertation, are stories of healing in adulthood from sexual abuse that occurred in childhood. Just as the women's stories begin with their bodies, so does my story of their stories, begin with my body. Recognizing that my way of understanding and living in the world reflects the tensions that I hear and explore in the women's stories, and that how I hear and explore the women's stories reflects my own embodied knowledge, I include my body into this introduction to the research participants. In doing so, I am mindful of my own embodied presence in the women's stories.

My social, political and individual self inherently leaks into the women's stories, for example by the decisions I make regarding what to include in the profiles, and what not to include. It is the embodied intersubjectivity between the women as research participants, and myself as the researcher, that informs and enriches my understanding of the women's stories. My self becomes engaged in the research participant's stories. In order for this intersubjectivity to be visible, I include my embodied self into the introduction to the participants in this research, by describing my experience of listening to the women's stories, and therefore including my self as woman, listener, researcher, and re-storier.

Every interview with the research participants impacted on me. I felt the stories in my body. As I listened, many memories of my own life events were evoked by the women's descriptions and narrations. When they told of experiencing a flashback, I remembered experiencing a flashback, and wincing with my eyes at the time of the memory, as if to shut the memory out. I knew that what they described an experience, they could describe the smell as if they were there, and that they could feel the tenderness in parts of their body, or possibly shame that became nausea immediately following the memory. I knew that because I have experienced memories in that way. I remembered that, thirty years after an incident, I was still able to recall the sensation of feeling so emotionally bruised that I would not let anyone touch me, because I was sure I would start bleeding from my skin and I was afraid that I would not be able to stop it.

During the interviews, I also experienced the sheer delight and freeing power of laughter. There was laughter in every interview, not the kind of laughter that is a forced avoidance of a painful discussion, but the shared belly laughter of connection and understanding. In

a discussion on trauma and resilience, Scheper-Hughes states “Humour not only allows one to live but it contains within itself a refusal of the demand to suffer. Humor, then, is a way of bearing witness to tragic realities without succumbing to them.”⁴⁵ I experienced the women’s humour as clever, and as playful, and as a result, I felt that I had truly heard from each woman as her self and not a research participant telling a story.

4.16 Summary

This chapter provides an introduction to each of the fourteen women who participated in this research project. The profiles include an overview of each woman’s history of abuse, her story of healing, and some description of my experience of how she told her story.

CHAPTER 5

NAMING, REMEMBERING AND MEMORY

In this chapter, I provide findings from the stories of healing from fourteen women who were sexually abused as children. The process of remembering and then signifying the experiences they remembered as child sexual abuse was a dominant theme in the research findings. I consider the findings in light of Lock and Scheper-Hughes's three bodies: the personal, social and political.¹⁹ Discussions of memory will be made in light of Casey's phenomenological study of remembering,⁸ and I use the word self and soul interchangeably to indicate the subjective, thinking, feeling, charactered self, as described by Hacking.⁷

Five research participants, Lisa, M.J., Nel, Les and Connie, knew they were sexually abused when they were children. These women carried the memory and knowledge of the sexual abuse with them into adulthood. Two women, Jane and Jennifer, had no memory of being sexually abused, they did not 'know' they were abused until they had a flashback or a memory, as adults. The remaining seven research participants, Tuppence, Jac, Sara, Kristie, Corrie, Sonshine, and M.C., remembered some, if not all, of the incidents of sexual abuse, but did not understand, recognize it, or name it as, sexual abuse. This chapter focuses on the theme, 'naming, remembering and memory', weaving in the additional themes of 'support', and 'challenge and identity' as they are related to naming.

5.1 Naming, Remembering and Memory

The consensus that developed in the 1980s about the prevalence and harmfulness of childhood sexual abuse turned into a fierce political fight about what can be spoken in public and who gets to say what really happened. The focus of this power struggle became the issue of memory ... What individuals could remember became profoundly connected to whom they could claim to be.⁷⁰

Naming, remembering and memory emerged in the data analysis as distinct and salient concepts. At the same time, in these stories of healing, the event of naming (what happened

is called sexual abuse), along with the event of memory (remembering or not remembering the incident(s) of sexual abuse), are more interrelated than they are distinct. This interrelationship is evident in that the naming of the women's experience could not occur without some kind of memory or knowledge of what it is they are naming (they were sexually abused when they were children), and memory became more clear when named. While they can be understood as discrete events, naming and memory must also be seen as processes. At times, remembering and naming occurred at the same time, and at other times, naming and remembering occurred iteratively as the memories and the recognition that those memories were sexual abuse, wove their way into the woman's awareness and then eventually, into the public space. Because of the interdependence of these concepts, they are maintained here as one theme. This iterative, interactive, and multiplicative interdependence enables a process of naming that facilitates healing.

The sexual abuse of children is more publicly acknowledged today than it was sixty years ago, but there continues to be silence and secrecy about the existence of child sexual abuse today. The women said in their stories "I didn't know what happened was sexual abuse." Even when they did know that something about the experience was not right, they could not know that it was sexual abuse, because there was no frame available for them to understand what the experience was. The connection between experiences they had, and naming them as sexual abuse, was not made at the time that the experiences of abuse occurred, but later, when a series of events unfolded and it 'finally clicked'. This may be a reflection of the difference of the relationship between the three bodies in childhood, and the relationship between the three bodies in adulthood.

As children, the experience of sexual abuse was somehow understood, or felt in their bodies, as wrong. At the same time, they did not know that it was wrong. The child's ability to respond from her individual body, the self that felt and knew that what was happening was somehow wrong, was limited. The child was powerless to stop what was happening, and so was compelled to live a self that reflected her social and political bodies. The messages constructed socially are that adults are in charge, adults will not hurt you, adults will protect you, and therefore what the adult is doing to you is not wrong. At the same time, children are told that it does not matter what you say, adults will be believed and you will not.^{15,20}

There is little public discourse of children being sexually abused by their parents, or uncles, or babysitters, or mothers. As a result, even if the child were able to recognize that the experience was somehow ‘wrong’ the language was not available to name the experience as child sexual abuse, never mind recognize that the experience was named ‘sexual abuse’ and that it was wrong, or to appreciate that they have a right not be abused. As children, the women either did not question the right of the adult to do what they did, believing (usually because of experience) that they would be hurt if they challenged authority, or the child did not have a language to question the experience, even though they somehow felt in their bodies that what was happening was wrong. Being powerless to change the situation, in order to reconcile the conflicting knowledge of the selves, or bodies, they found a way to not ‘know’ in their social body what they knew in their individual body, that the experience was sexual abuse, or that it was somehow wrong. The political body, the body that is regulated, watched and controlled in reproduction and sexuality, work, leisure and sickness, is the body that was being nurtured in the process of sexually abusing and silencing the children. The children were silenced. They learned not to voice that what they felt in their bodies was wrong. In order to survive, they learned to be quiet and docile, to put the needs of others before their own, and that their bodies were there to serve others, usually men. As children, being sexually abused meant to live predominantly in their social and political bodies.

As adults, the three bodies are experienced differently. Once the research participants experienced a sense of safety and learned to trust both others and themselves, the way the three bodies worked together changed. In learning to trust other people, along with themselves, the women learned to listen to, and trust, their individual body. The self that had been silenced, and controlled, was freed up to be heard. This shifting is reflected in the process of naming and memory, and the relationship within and between naming and memory.

The relationship within and between naming and memory is most evident in the stories of the research participants who had some memory of the sexual abuse incident(s) and who did not recognize, name or signify the incidents as sexual abuse. The relationship within and between naming and memory is also evident for the women who did not have memories of being abused, because they believed that something was wrong, but did not know what it was that was wrong, or why they felt something was wrong. For these women, the

memories of being sexually abused did not occur, emerge, present, or become available until they felt safe, and had learned to trust someone.

The use of the term ‘naming’ is not referring to disclosing about the abuse. A disclosure can occur with or without naming; for example a child or adult could describe incidents, or behaviours, and not be aware that it is child sexual abuse they are describing. Disclosure is the process of informing the outside world, usually for the first time, that sexual abuse occurred or is occurring. It may or may not be a part of the process of naming as described in this chapter. Experiences of disclosure are discussed in greater detail near the end of this chapter.

The women explained that their healing began when they ‘found the language’ to describe, understand, or to make sense of the sexual abuse. Ian Hacking, in his discussion on the making of child abuse and the consequence of many women and men seeing themselves as having been sexually abused, suggests there is the phenomena of

retrospectively seeing events as abusive which were not directly and consciously experienced as such at the time. It is only dogma, which degrades the complexity of human consciousness, to say that they always were known to be abusive, but the knowledge was covered up out of fear or indoctrination . . . Tens of thousands of women know perfectly well what was done to them. But we are also witnessing or have just witnessed a radical re-evaluation of childhood experience, a reclassification, and in a way a re-experiencing of it.¹²

Hacking recognizes that there is a history of sexual acts done to children that are wrong, long before the language and conceptualization of child sexual abuse emerged. I agree with this position. The women in this research project experienced the sexual abuse events as not right, uncomfortable, or somehow wrong in their bodies when they were children. It was the process of naming the actions, or signifying them as ‘child sexual abuse’ that facilitated healing. Naming the events as child sexual abuse would not have been possible without the social and political re-evaluation and reclassification of what those experiences were.

Naming is the process of the woman, herself, putting a title to her experience, or signifying the experience with the words, ‘child sexual abuse’. How the abuse was named for the research participants occurred in one of two ways, either: a) externally, outside of her body for example through: professional development workshops; safe touch presentation in elementary school; intake questionnaire for a mental health appointment; talk show host telling someone’s story; or b) internally, by the body, for example: body memories;

flashbacks; severe depression; or addictions. Whether the naming occurred externally or by the body, it was in the body that something was experienced as wrong. Upon hearing a professional talk about the impact of sexual abuse in childhood during a workshop, a research participant understood that this is what happened to her because of the response she experienced in her body. While recognizing the history of CSA externally, at a workshop, it was the body that informed her of the abuse, and of the truth of the abuse. In other words, the naming was the result of embodied experiences being consciously registered by the woman. This finding will be presented in more detail in the next chapter, on the findings as they relate to the body.

Remembering is distinct from memory. Remembering draws on memory, but memory-making and memory retrieving are different.⁹ Casey suggests that the event of remembering itself transforms experiences, “in being remembered, an experience becomes a different kind of experience.”⁸ It becomes a memory that will shift and change as it is remembered, depending on the current context and experience of the person with the memory. Casey identifies three mnemonic modes of remembering (reminding, reminiscing, and recognizing), all of which are relevant to CSA. Reminding and recognizing are particularly relevant to this discussion. Reminders are “expressly designed to draw us back from the edge of oblivion by directing us to that which we might otherwise forget.”⁸ Among the many ways of being reminded, such as a string tied to a finger, or a smell, some reminders are evocative, and usually present themselves externally. While the stimuli is typically external, “it needs to be in touch with the internality of mind if it is to lead eventually to objects that transcend any strict dichotomy of body and mind, of self and other – and of internality and externality themselves.”⁸ In other words, it is the meaning of the reminder that is experienced in the present day self of the person that evokes the memory. The meaning of the reminder, named ‘child sexual abuse’ was not available until, as Hacking notes, there was a publicly recognized reclassification of childhood experience.

Recognizing includes availability (the way in which recognition makes it possible for something in our experience readily accessible to us) and consolidation (through recognition, what was unclear becomes recognizable; consolidation makes the recognition clear), and recognition “must involve the past in some capacity if it is to count as remembering.”⁸ In recognizing, as distinguished from other forms of remembering, “past and present are conjoined in such a way that the very difference between the two terms is constitutive of

their mode of relation to each other.” In other words, the past is understood only in terms of the present, or the moment of recognition.

Remembering and knowing are directly linked with telling. Woven through each participant’s narrative is the story of telling about the sexual abuse, whether to her self, for example in a diary; to a therapist; to a support person; or to a researcher. Some of the women told their story of remembering and knowing, through the process of telling others. For example, when talking to a therapist about a particular memory, a woman might have another memory. A salient part of the story for several women was the moment when they said out loud to someone else that they had been sexually abused as a child.

Remembering, knowing and telling are complicated by the experience of dissociation. Nine research participants identified as dissociative, a well documented effect of sexual abuse, and two of those nine research participants explained that they had a diagnosis of Dissociative Identity Disorder (D.I.D.). While dissociation and D.I.D. are not a focus of the research, the women’s stories of remembering and naming are affected by the experience of dissociation. Hall suggests “dissociation may be more generally be understood as a way to remember versus a way to forget.”⁴² In other words, the memory was not manageable at the time of the event, and so was somehow not remembered until they were able to manage the memory.

Telling about the abuse is further complicated for the women who live with D.I.D. because the identity of who is telling about the abuse might be only one of several of the woman’s personalities who might need to tell about the abuse, and because different personalities might have different stories to tell. D.I.D. as a diagnosis did not emerge as significant in these stories, but the experience of dissociation did emerge as significant in the stories of naming and memory, and will be woven into the findings as relevant to the discussion. In this section, the stories of telling will be narrated as they relate to remembering, and naming, the sexual abuse.

The following section on the findings related to naming and memory is delineated into three ways the research participants’ memories of the abuse incidents emerged in their stories, as follows: Participants who 1) had memories but no name; 2) did not remember or know; and 3) remembered and knew.

5.1.1 Memories without a name

Nine participants discussed how they remembered at least some of the incidents of being sexually abused as children, but until the time they mentally or verbally articulated those experiences as sexual abuse they did not remember it as such. Tuppence began her story of healing with a discussion about the importance of naming the abuse. “I think in order to heal from something you have to acknowledge that something happened, that it had effect and that the effects are counter to what one would want in their lives.” Tuppence knew that she had been abused, she remembered incidents of abuse, and yet she had not known that she had been sexually abused.

It was like the abuse was part of the texture of life. It was normalized so it wasn't really abuse. It was just life. Yah. Something that happened. It was the flavour of life. Yah. Or I never really thought about it. I didn't put words to it. It's just something I just didn't want to think about. Well for me it was just, it was partly unpleasant events that I mean shit happens in everyone's life that, that happened to be my shit so it was, now where am I going with this? Normal. It was normalized in so many ways that, like not having any other experience I mean it was normal because that's what was always there. Well even, I mean normal is such a relative thing.

She always knew it happened with her older brother, but did not name it as sexual abuse until three significant events occurred in a short period of time: her child's birth; her mother's death; and her brother's marriage, at which time she went into a crisis. “That was when I started stopping. I stopped going out. I stopped talking to people. I stopped maintaining friendships.” It was after these events that, with the support of a counselor she trusted, she named the sexual abuse.

For Tuppence, telling about the abuse somehow made it more real, even though she was not able to understand the experiences as sexual abuse, until she had been in counseling for a break down and had addressed other issues. As a child she did not have the language to name what was happening to her. This lack of naming continued into adulthood, and as she describes it, the ‘memories without a name’ almost became a habit for her, a part of her unexplored landscape. It was as if, prior to the naming of the abuse as sexual abuse, she was carrying the experiences around in her memory, and in her body without knowing what it was that was affecting her.

It was an unpleasant experience ... I didn't recognize it for what it was, and what it was coloured a lot of my life so recognizing that it was something that

did that in the first place was the first step I needed to take in order to start fixing stuff. I always knew it happened.

The memories did not present as flashbacks, like some of the women, but rather were dusted off and recognized, or as she explained,

one would call them recovered memories. I, although what I guess was restored makes sense in a way in how I am. I don't have a frame of reference for it ... I still have a lot of trouble accepting that anything like that happened.

Even as she was telling her story of healing, years after the events she is talking about, Tuppence shifted between accepting that she had been sexually abused as a child, and not accepting it. In telling her story, she understands that something real happened to her, because she felt it in her body, "regardless of whether it happened or not something affected me very profoundly ... with it came a body shift." When she understood that what she remembered was child sexual abuse, and when she named her experiences as sexual abuse out loud to her counselor, she felt in her body that it was real, and that what had been done to her was wrong. She was finally aware of what had happened to her in a way that she could address the impact it had on her in her adult life. As Tuppence said, "It's really hard to shift from something if you don't know what's wrong."

Jac also had memories of being sexually abused, but did not remember it as sexual abuse. Jac had her first experience of naming of a childhood incident of sexual abuse by her uncle when she was twenty-one years old. She told her story by moving directly from the memory itself to how she came to name it as a memory of sexual abuse. She described going on a winter outing as a young girl, and

it's quite an exciting process to go and gather that water and things like that and, and the funny thing is I don't remember, I don't see anybody else [other] than me. I don't remember if there were other kids there or what, I just remember the event as a fun event, and my uncle asked me to go with him somehow, and I went with him. And, and, you know, there are details missing. I just remember him being back of me having my pants down. I think his finger was in my vagina and I remember me being outside of myself watching the scene. It's like I watched to see and that event I forgot about it until I was twenty-one. When I was, you know I just went through life and when I was now seventeen I started to wonder like in my head if I was going to get married, I was going to have kids but there was no sexual relationship and that was the logic in my head. But, you know, as I grew I didn't know there was something missing in there, you know, and this one friend said "Well maybe something in your past that kind of," and I thought I was frigid or had no desire for me

and I even tried with a woman too, like you know, I'm searching saying "How come I have no desire? Maybe I'm for women" and I even tried with women and it was the same so, and that's when the first sexual abuse occurred to me when I was twenty-one.

Jac did have the memory of the one incident of sexual abuse but she did not realize that she had this memory until she talked with a friend when she was twenty-one years old and wondering about her sexual identity and sexual comfort level. In the discussion with her friend about what might be wrong with her, he asked if something had happened to her that might have affected her, and it was at that point that she remembered and then named the abuse. She had always had the memory. It was the friend's question that acted as a reminder of the incident from when she was five years old. And it was not until years after that, when she had young children, went through depression, a suicide attempt, and then went to a number of personal growth workshops, that she finally explored that one memory of sexual abuse she had thought of when she was twenty-one years old, at which time she became aware of other memories of sexual abuse.

Two women, Sara and Kristie, had their experiences of being sexually abused named when they were in professional education workshops about child sexual abuse, in their roles as professionals who work with children. While they both remembered the incidents that they later understood as sexual abuse, they did not recognize them as such until they had been through several workshops on sexual abuse.

Sara explained that when she was about thirty-five years old,

actually that had surfaced about five years earlier and I was on a job and I was working with kids, and they had done a workshop about abuse which is great, but that day [five years later] and it was a two day workshop, and I think it was around that day, the first day, I don't remember, but it was noon and I was saying, I was sure, I knew, I mean like "that had happened to me" and I now have a name like sexual abuse is what had happened to me.

Sara remembered being abused, but did not really recognize it as sexual abuse as an adult until the fifth time she attended the sexual abuse workshop. The workshop acted as a reminder of something that she recognized in her body.

Actually, that stuff, I had never really forgotten it. I mean those, the little bit that I remembered then, I had always relived. I just didn't think about it. You know. It was something, it was just at the back of my head and as soon as I start talking about that stuff it was like "Yah. Okay. That happened to me." Also with that was a, just such a strong sense that there was way more.

There was more, more than that. But what, and I had no idea. All I know is I was a complete wreck. I had even went through the rest of that workshop and I was fidgeting, I was so uncomfortable, and there was no, they didn't set up a support system, you know. There was, the door was opened. Like it was a door was opened and there I saw exactly like there was a name on the door, 'sexual abuse'.

Like other participants, Sara remembered the abuse, but she did not know about the abuse, because she had not named it. While she had learned about sexual abuse as an adult five years earlier, for some reason it was not until one particular day, five years later, at the fifth workshop about child sexual abuse, that she was able to recognize that the name for what she remembered, was sexual abuse. Sara had been reminded before, but for some reason she did not recognize the CSA in her body until the fifth workshop.

Kristie has a story similar to Sara's about naming, in that she remembered without knowing what the name was for what she remembered. Kristie lived with the memories by ignoring them. She remembered the many incidents of sexual abuse, and had been to several workshops on sexual abuse in her professional role working with children, but it was not until one particular workshop that she was able to hear the information in a way that she named her own experiences as sexual abuse.

The awareness, yah . . . maybe 'cause I was just freer that all of a sudden it was like 'Yah this has happened to me'. I mean I probably sat numb a few, the six years before that, numb. I wasn't aware of it until, 'til that sixth year I, you know, I trained for ten years in that every summer for this and it was in the sixth year. Not throughout it all up until that sixth year I sat there and all of a sudden I went, and they went, you know, it was like one in three, that statistic and I, I just went [breath intake] "I'm one of them," and I looked around my table and just, my staff group, and thought yah so. I remember going "Well this is what's happened to me." You know here I am sitting on this thing, and it fell on me like a ton of bricks.

Even with that experience, Kristie was not clear that what she experienced could be defined as sexual abuse, because of the particular circumstances. She had been reminded of the memory, and recognized it as CSA, but she did not fully recognize the memory as CSA. It was not until she discussed what happened to her with a therapist that she truly believed that she had been sexually abused as a child.

And then, well what happened really Karen was then, she [her therapist] said "Tell me what happened?" You know I don't think that was in the same appointment. Maybe it was. And then we sat long and hard to decide whether

my case was truly childhood sexual abuse and I remember that, you know, because my, my case is totally different than most.

It was not until the abuse was named in the workshop, and she remembered her experiences of abuse in light of the information, that she recognized that she had been sexually abused as a child. Even then it was not until she told her therapist about the incidents of sexual abuse and considered what sexual abuse is, that she more fully recognized and then named what had happened to her really was child sexual abuse.

An important part of the story for some of the women was when they publicly stated that they had been sexually abused as a child. The first time Kristie stated out loud that she had been sexually abused as a child was in “the domestic abuse program [which] was huge because then I was actually putting it out public.” Kristie told this story twice during the interviews, underscoring the impact telling a group out loud that she had been sexually abused when she was a child had on her.

Corrie told a complicated story of how she began to recognize and then name that she had been sexually abused as a child. A priest from her church had befriended her, and was supporting her through her early teen years. She trusted this priest, who after befriending her, sexually abused her. After being abused by the priest, she had flashbacks of being sexually abused by a man she had babysat for a few years earlier. The incidents of CSA by the priest acted as a reminder for her of previous CSA. Corrie then went to a second priest for support, and explained about the flashbacks she was experiencing and also talked about what the first priest had done. This second priest explained to her that she had been sexually abused by the man she was babysitting for, and ignored the information about what the first priest had done, the sexual abuse. The second priest also sexually abused Corrie. What the second priest did not tell her, and what took her a long time to recognize, was that what the first priest did was also sexual abuse. There was an impact for Corrie of the way that sexual abuse was named, and there was an impact of what was not named as sexual abuse. Both the naming, and the silencing of what was sexual abuse were done by a church authority. Half way through her second interview, Corrie said “I think the biggest thing for healing to happen is naming it. I mean, I spent nine months just naming ‘this is abuse, that’s abuse’.”

It was not until she was much older and had experienced depression and therapy that she recognized she had also been sexually abused by her brother and her father. In a

discussion on the importance of naming the abuse, and her recognition that what her father and her brother did was sexual abuse, she noted that the second priest was able to define her flashbacks as sexual abuse, but “I didn’t know what HE did, and what that priest [the first one] did, was sexual abuse until the healing process.” This exemplifies the potency of silencing, of not naming abuse as abuse by an authority. The layering of naming and silencing of abuse by church authorities complicated her ability to recognize or name multiple abuses as an adult. It was not until she made a concerted effort to understand ‘this is abuse’, that she was able to name what was abuse and what was not abuse. Veldhuis and Freyd⁷¹ suggest:

parallels between the grooming process in child sexual abuse and the victim’s subsequent difficulty with understanding what is and isn’t violent or abusive in later relationships. Perhaps ‘normalizing’ past abuse leads the victim to ignore signs of abuse in other relationships and causes her to remain unaware and silent when violence is perpetrated against her in future relationships.⁷¹

Naming the abuse facilitated understanding for Corrie. Naming the effects of the abuse on her also facilitated understanding. Corrie talked about the relief of having her dissociative experiences named:

Understanding dissociation has helped me a lot. And that took almost five years of therapy to finally have somebody say, you know, you really suffer from dissociation. I didn’t really, really know. But it made sense once it was sort of diagnosed, you know? I think when I left my husband, I was extremely dissociated, and I often wonder, well, why did I do that? Why did I? But I was very dissociative, I wasn’t in my, I think when you’re dissociated you’re not in your adult. And I wasn’t in my adult, and I couldn’t always make sense of why I quit breastfeeding my son cold turkey, or why I left my husband and why I made certain choices. And it was from dissociation. But I never had it really named. I think naming it really gives you a focus where to heal.

When she states that she wasn’t in her ‘adult’ Corrie is referring to her adult body, or adult self. She is suggesting that she is ‘in her child’ self or body, or not in her body at all when she dissociates. She experienced this diagnosis as a relief, because she was able to put a frame or an understanding on experiences that she previously could not make sense of. The process of naming the dissociation, a diagnosis, was the process of experiencing her social self. She experienced this as more helpful than not having the diagnosis, because without the diagnosis she did not have a way of constituting her decisions and behaviours.

Nel similarly had an experience of not naming the abuse while ‘knowing’ about it as a child, although her entire story of healing is about junctures of naming and disclosure.

As a child, Nel remembers knowing that what she experienced was not to be named. Nel described a scene when, at the age of five and shortly after the day the first incident of sexual abuse occurred, she was having dinner with her family. “Obviously it was a secret . . . I still remember the actual, like the moment I realized, ‘this is a secret’.” In a discussion at the dinner table of things her family did that day, she describes the moment that she recognized ‘I’m not allowed to talk about that.’ Throughout both of her interviews, Nel did not often use the words sexual abuse, rather she would speak in a general way. She recognized that she was not using the language of sexual abuse in her second interview, stating “when I’m saying ‘it’, I’m still not naming it.” Even in the recognition of her choosing not to use the language of sexual abuse, she chose not to say sexual abuse.

Nel recognized that she had been uncomfortable with any discussions about sexual abuse, for example

in school I can’t say it [the sexual abuse] didn’t affect me at all because little things would affect me without me knowing why . . . you know how, when you’re a kid, they have those days when they like, ‘if someone’s touching you inappropriately’ and they have those little puppet shows, and I’d get really tense and I’d sort of, you know, heart would start racing, and I’d start feeling really uncomfortable, and not really know . . . not having the sense that that was happening to me, but realizing that I was not comfortable with those conversations.

She described attending church week after week, when the priest would ask if there was anybody in the congregation who needed their prayers, she tried to be out in the bathroom, or would shrink because “I was terrified that somebody was going to point out to me some day and like [said in a strong, forceful voice] ‘*God told me that somebody’s touching you inappropriately*’.”

As a young student at university, Nel explained how she came to name the abuse, although it was not her who named it. Nel allowed her counselor, who she had been seeing for several months, to introduce the question.

He’s like, “I was looking at this criteria the other day,” sort of, “what have you learned about this in school,” sort of. And went through the criteria with me, still not asking me, about any specifics, just saying . . . And I fit the criteria, like I probably fit every one . . . Me sort of coming out and, and really in a cryptic way saying “yes, I’ve, I’ve had something,” and him saying “okay,” sort of going through a check-list. So I just had to say ‘yes’ or ‘no’. And him saying “sexual?” “no,” “physical abuse?” “no,” “sexual abuse?” and then him just going through a list of who it could possibly be . . . I just had to say ‘yes’ or

‘no’. “Is it a family member?” “yes,” “Is it your mother?” “no,” “Is it your father?” “no,” “Okay, that only leaves your brother.” And I said “yes.” So, sort of this check list of things. And that was sort of the first. And I had sort of a really, at that point really negative reaction, which I guess could scare a counselor in terms of, I went home and started listening and was wondering whether I should have said that, and . . . and, at, my level of stability at that time probably he, he backed up a little bit, but it started coming out. And we started talking gradually more. Which is a huge step for me. This is the first time I’ve ever told anyone, right?

She did not tell her counselor directly that she had been sexually abused, but she learned to trust him enough to name it for her. It had taken a long time, and a couple of starts, for Nel to trust this counselor enough for him to get this far in the naming. Once Nel disclosed, and began to talk more openly with her counselor about the sexual abuse, the more it became real to her.

At that time everything was sort of so much in, like you get consciousness in terms of the abuse. Because through counseling that did come up to a level that it wasn’t at before . . . awareness. So it was really in my mind all the time.

The awareness that she had been sexually abused impacted on Nel so much that, although she had ended counseling because many of her presenting issues appeared to be resolved, she went into a rapid decline that ended in her admission into emergency for a suicide attempt. At the time of the suicide attempt, there had been concern for her health by medical professionals and her supports because of evidence of an eating disorder. It was at this point that she not only disclosed for the second time, but

I don’t know if it was because my inhibitions were so lowered because I was so kind of confused. And I blurted out sort of the abuse and everything to like anyone who came in. Like, everyone who came in! It was like I couldn’t stop! It was just like, ‘hi you, you’ve been here for like two seconds, guess what’s happened to me!’ It was just like, this like, bleaah! Like verbal diarrhea.

Once she started naming the abuse, she could not seem to stop. She continued to keep the fact that her brother had sexually abused her for years from her parents, who arrived at the hospital the day she was admitted, and at the time of the second interview, Nel’s parents have yet to be told.

M.J. has a different story of memory and naming. M. J. had been sexually abused as a small girl by a male babysitter, and remembered what had happened but did not think about it as she grew up. Although she did not talk about the sexual abuse with her mother,

she believed that her mother saw symptoms of abuse and protected her from further sexual abuse when she was young. M.J. was sexually assaulted as a young teenager, and again she did not tell her mother, although it was common knowledge among her peers, who she felt blamed her, and judged her as a result. As a young adult, M.J. moved away from home, and was working hard to live a healthy life, when her mother went missing. Because of the trauma of her mother's disappearance, M.J. became depressed and began seeing a counselor.

And that's when we started, other issues started surfacing and that's when I first started talking about the abuse, the child abuse so we, we started talking about that and then we started talking about the disappearance of my mother and we had missing posters everywhere and it wasn't; so I was seeing that counselor. That was another part of my healing was starting to talk about it then so I think it, something that just made me have to talk about it I guess.

Even though she was in counseling for a different problem, M.J. was reminded of the sexual abuse by being asked as a part of the initial counseling meeting if she had ever been sexually abused. Once she was asked, she recognized that much of what she was struggling with was because of the sexual abuse. She felt that the trauma of her mother's disappearance led her to receive support that helped her recognize that she had been sexually abused as a child, and that she was dealing with the effects of the sexual abuse.

Naming in a different way was important to M.J.'s story later on. After her mother's body had been found, and M.J. and her husband and children returned from another part of the country and another trauma, "I got involved with the healing circle, a women's healing circle and that's when I started disclosing more and more about the rapes and the abuse that took place in the past." It was at the healing circle that M.J. began talking for the first time about her experience of sexual abuse, sexual assault, and the other traumas she had experienced, and as a result, she found healing in the telling.

Sonshine described having memories of being sexually abused in a similar way as Jac and Tuppence, in that the memories were present, at least some of them, but she did not know them as memories of sexual abuse. Sonshine told the story of the day she realized what had happened to her.

So when my first son was born or was I pregnant with my first son? He, I was watching a Phil Donahue Show¹, remember Phil Donahue? And it was about

¹An American media personality, best known as the creator and star of The Phil Donahue Show, the first tabloid talk. His shows often focused on difficult topics.

kids being molested. And I was watching it and I just thought, you know it was so bizarre because that's the first time I'd ever really thought of it and I thought, I said to my husband "Oh. Yah that happened to me" and he goes "What?" And I go "Well yah. It's not any big deal but yah I was molested by my uncle" and he goes "Really?" and I go "Yah" and, you know, I had never, I mean I didn't even think about it. I just, it just came out and I thought, I, I didn't, I had never thought of it. I didn't think of it as being molested. I, I never thought about it but until I watched that show and they were talking about it and it sounded familiar to me and I, I just, it just came out, "oh that happened to me."

It was as if the memory had always been there, but it did not really exist until it had a name. The name, sexual abuse, was provided to her by a television personality. Sonshine remembered the incident of sexual abuse, but did not remember it as sexual abuse. Watching a talk show and hearing someone tell a story of being molested, she remembered the incident, named it as sexual abuse, and told her husband that she had been sexually abused. Sonshine explained that it was at this point that things started to change for her.

So the [memory of the] molesting came out and then I just kind of let that go but I found that I was angrier a lot, you know, and just all of the, all of these feelings obviously were coming to the surface and it wasn't until after my daughter was born then that more abuse started coming out and it was actually after my daughter was born that I think it ... after she was born it's like then more stuff started to come back and when she was ... I suffered great post-partum depression, more so with my daughter and I just couldn't, I just couldn't seem to pull it together and so I left home and went looking for my own help. I thought 'I don't even know where to turn.' ... I did find a counselor and we started dealing with the molesting and at that point then there was some rape brought up.

Sonshine experienced times of anger and had more memories of abuse. She went into a spiral of depression, and ended up in the psychiatric unit at a hospital. What followed was a period of years of therapy, depression, memories, prayer and dissociation before she felt she really knew, and named, what happened to her as a child.

For M.C., understanding and naming the sexual abuse was the result of having a name for her experience provided to her in the form of a question by a medical professional, followed over the next few years by exposure to other families and ways of experiencing relationships.

I was having pseudo seizures when I was at home on the farm and stuff like that and this was when I was like pretty much well 13 'til I was 16 'til I left

home ... I was sent to a neurologist, anyways I was sent to them and like the brain scan showed fine whatever things like that but then the neurologist asked me right in front of my dad "Are you being abused?" "No." Yah, I'm gonna' say "yah, I'm abused" because, yah, my dad's right there right in front of me.

When she was sixteen years old, M.C. attended a private school, where she met friends and learned to trust the administrators, who were concerned about her and who supported her. While there, she found that she could control who was in her room because it had a lock on the door. She felt that she was protected because of the environment of the school in general. She made friends and would visit them at their families homes over weekends and holidays. Visiting her friend's families provided insight into the different ways that family members relate to each other.

Well the relationship, the relations that they seem to have had like there wasn't fighting 24/7 or there's wasn't this constant battle like between fist and face, body and stuff like that so ... and the way, and the way they, for example the way they touched each other for example too because that was another thing. Like my dad always kept touching me in weird places and I kept saying 'No don't' and he would do it anyway ... and then, and then going to the other family over the designated weekends is like 'Oh, they're not doing that. Like what's going on?' And then being in residence [at school] too and just interacting with those people, hearing other peoples' family lives too and how much different it was and going like "What's going on here?" and then I went home over Christmas like and then I noticed is like "You know what? This isn't right."

M.C. recognized in her body that what was happening was not right, and she learned from visiting with friends that what she experienced at home was different for her. Regarding the sexual abuse, she said

I didn't know it was wrong. I knew that there was something not right but I didn't know that it was wrong or against the law, or anything so.

M.C. continued, explaining that "I didn't know exactly, [that what was happening was sexual abuse], but I presumed it was." She was exposed to a different way of being that helped her constitute her experience differently. Weedon notes:

As we move out of familiar circles, through education or politics, for example, we may be exposed to alternative ways of constituting the meaning of our experience which seem to address our interests more directly.²¹

M.C. moved out of her family circle, and was exposed to a safe and supportive environment. She was experiencing alternative ways of constituting the meaning of her experiences,

that addressed her interests more directly. While at school, she recognized that there was something different that was wrong, but she did not name it until she had been at the boarding school for close to half a year, and had gotten comfortable with a therapist she was seeing. “I knew who the therapist was I was seeing at the time and so I disclosed to her and she had to take the legal rights which I didn’t really realize at the time.” She disclosed to the therapist what was happening to her at home, and the therapist reported the sexual abuse to the authorities. Because of the disclosure and the report, M.C. went to court, and became connected to supports specifically for victims of child sexual abuse. When she later experienced more memories and emotional, psychological and physical crises from the sexual abuse, those supports were already in place for her.

5.1.2 Did not remember or know

Two research participants, Jane and Jennifer, had no memory of being sexually abused, and no idea that they had experienced anything like sexual abuse. Much of Jane’s story was about her first marriage, which was physically abusive, and then her second marriage, a marriage that she describes as good. Jane did not have any memory of the sexual abuse until she was an adult, married for the second time, and with four children. Jane identified at the beginning of her first interview that

what has to happen in terms of healing, at least from my own perspective, and for me, part of it, um, the very start of it, for me, was actually understanding what had happened to me. Because I actually had a lot of dissociation problems. So there was a lot of memories that were buried that I couldn’t remember. So, when you can’t remember what you’re dealing with, then it’s kind of hard to understand why all of these things are triggering you, why you are having, you know, anxiety over, you know, certain issues, or things, or smells, or, you know, all these things. So, I think that understanding, what has actually happened to you, and being able to put a voice to it, a word to it, was probably my biggest step.

It took Jane several years to recognize, and name, the sexual abuse as something for her to heal from. There was no language or understanding of the event as abuse as a child, and the adults around her were unaware of what had happened, other than that she had been missing for a short period of time, and that a man in a truck was involved. As far as her parents knew, she had escaped without being harmed. Her parents did not ask for details at the time of the attempted abduction, and she did not know how to provide them.

As she said, “For me, you don’t have a voice at that age [three years old], and you don’t have the words . . . you just don’t have any concept of that.”

Jane was able to remember and name the sexual abuse after she received counseling for parenting, and had some support in place. She felt that the intake staff where she received the parenting support, as well as the parent support counselor, believed there was something bigger than parenting that she was dealing with, but she was not aware of it. It was not until after the birth of her fourth child, and receiving the support for parenting, that

all of a sudden, about four years ago, I started falling into this really dark, dark depression. And it was like I couldn’t understand why. And I didn’t understand, because at that point in my life, I have a wonderful husband now, you know . . . And I couldn’t figure out what was going on, and I could literally, I, I could feel like this black cloud kind of coming up around me, and, my daughter got to be about, my youngest daughter [who resembled her as a child] got to be about three, and all of a sudden I started seeing flashes.

And it was then that she started to recognize that she had been sexually abused when she was three years old, at the time of the attempted abduction. Jane learned from her mother later that the events she remembered were consistent with her parents’ recollection of the events. The confirmation of her memory of the abuse was very helpful for Jane to have. She was unable to name the abuse until she had the memory, because she was not aware of it. It was not until she had the memories surface, and correlated the memories with her parents, that she named sexual abuse as something that was affecting her life.

An important part of the naming for Jane was to talk directly with her parents about what had happened, and why they responded the way they did. It was six months before she felt she was able to talk with her mother about her memory, and at the time of the interview she still was not sure when she would talk directly with her father about it. The naming of the abuse with her parents is extremely important to Jane, because “All that I knew that growing up my whole life, I would have these ‘zone out’ periods.” Now Jane is able to understand parts of her life that had not previously made sense to her.

There were a series of events that built up for Jane that led to her memory of being abused. Jane explained that

About a year before I started having the flashbacks, I started looking back to pictures of me as a child, and there was pictures of me up until I was about three, and I was very happy, very smiley in all my pictures, very, you know,

you could see that I was a happy child, right? All of a sudden, and I have the pictures, it changed. That fall I looked at it and I thought, ‘what the heck happened here’, and every other picture from . . . There was like, this dead look to my eyes. And sad. And actually when I look at the picture, I want to cry all the time. Because I just look sad.

Somehow Jane knew that there was something wrong, but she did not know what it was. She was drawn to the pictures of herself from before and after the abuse occurred, which led to an emotional response, but no memory. The memories did not occur until her daughter reached the age she had been at the time of the attempted abduction and the sexual abuse, and they came in the form of flashbacks, or intrusive memories, of the event. Her daughter’s presence acted as a reminder of the sexual assault.

A theme that is consistent with other participant’s stories is that talking about an incident of abuse leads to more memories or to clearer memories. Jane said

when I talk about it [the assault] more, like the more I talk about it, without even trying to think about the situation, more pieces come in. It’s really weird. Like even talking to you now I can see. And it doesn’t like, like before I’d have this, like [breathing in a panicked manner], you know these huge anxiety things over it and I don’t now.

Several of the women noted during the process of the interviews, that they were remembering something more clearly, or began to understand an event differently, in the telling of their story.

Jennifer also had no memory of sexual abuse, or even the sense that she had been abused at all. Jennifer’s story is one of searching, as she describes it, for who she really was, for happiness. She struggled with many problems, and “was diagnosed with depression, with clinical depression, with bipolar disorder, I was medicated with, you know, lithium and an array of antidepressants trying to find one that would help me.” None of the medications helped her for more than a short period of time. Jennifer attended University for a while, and in one of her classes she

wrote a paper in that first year class on ritual abuse and it opened, I talked with Colin Clay² and did a lot of reading and, and it opened my eyes, I think it opened my subconscious but I didn’t; I mean I wrote the paper and I was very moved by it and I got a very good mark on it but it, it didn’t move me nearly enough. It didn’t move me into my reality.

²Colin Clay is a Saskatoon based expert in satanic ritual abuse, and an author of a book about satanic ritual abuse and healing.

She described this as not having an effect on her memory, outside of the possibility that she began to ‘know’ about her abuse history in a more conscious way.

At one point, because of her concerns about her behaviour, and an inability to sleep that she had been experiencing, Jennifer agreed to try hypnosis with a therapist she trusted. She had been resistant to any kind of hypnosis until that point, but she was feeling like she had to do anything to figure out what might be wrong with her. She had one preliminary hypnosis session with the therapist, when she recognized that even though she was hypnotized, she had control over the process and would remain conscious throughout the experience. During her second session, the therapist

started asking the tough questions which were really basic ones at the time. One simple, and it was a very short session, and he started asking me, I don’t even remember what the simple questions were but he said “Have you ever been sexually abused?” and at that point I got very emotional. I wouldn’t say hysterical but sobbing and all I could say was “I don’t know. I don’t know. I don’t know. I don’t know. I don’t think so. I don’t know.” I didn’t say no and I didn’t say yes ...” And that’s a choice I made too was to, to stop.

It was immediately following this experience that she moved out of the country with her husband, and so she terminated therapy. She felt free when she moved, and later recognized that the geographical distance from her family allowed her a sense of peace she had not experienced previously. However, also along with her move came more depression, the escalation of an eating disorder, increased daily drinking, and a series of events, particularly with her father and her brother, leading her to recognize that she was not coping and that she needed help. It was at this point of crisis that Jennifer had a memory of something that she had done to a child as a young teenager that was very difficult for her, something she finds abhorrent.

I mean I had so much guilt surrounding this that when I remember that, when I stopped denying all the superficial things and it’s not that I’d forgotten that memory. It had always been there. I just hadn’t thought about it ... And I sat there and suddenly the tears just came and I was sobbing and I said “What kind of a person am I? How could I have done this to this child?” ... and then I remembered what [the psychologist] had said.

It was at her most vulnerable point, telling her husband about this memory, that she was able to allow herself to recognize that she was possibly sexually abused as a child. “I thought, ‘I think he’s [her therapist] right’. I just looked at my husband and I said “I think

I've been sexually abused.” Jennifer had hit a point in her life where she believed that she had only one option, to find the truth of what had happened to her, or to die. She was afraid.

And so the next day was a Monday. I had this moment where I had so much fear, where I felt like something was all around me and the hair on the back of my neck stood up and I was terrified. I mean I was used to being at home alone during the day but I was so terrified that I backed myself into the corner in the office and I phoned my husband and I said ‘I need you to come home now. I need you to come home now. I am so scared’ and he’s like, he’s trying to get me to articulate it and I said “I can’t right now. It’s just a feeling, a feeling that I’m in, in danger” and he’s like “Okay” ... and he came home and it’s about a half hour ride home and in that half hour I called my brother in [Province] and I said, cause he was back in [City] at this point, and I said “I need you to stay on the phone with me until my husband gets home ‘cause I can’t be alone right now” and he was scared.

In discussing the priorities for healing, Jen said

do you know what I really would say? A conscious awareness. A conscious awareness of what you’re actually dealing with, you know and, like you said naming it. You know giving yourself permission to look at what you need to do as healing and, and not as something that’s wrong with you that you need to change, you know. I think a conscious awareness, an awakening. Somehow you need a connection.

Jennifer’s story is largely about experiencing the process of remembering, naming, and then telling about the sexual abuse, which was to her terrifying and dangerous. It is also about the process of, while remembering, naming and then telling, recognizing that what she needed to heal from or change, was not something that was wrong with her. Her statement about what needs to change, represents the shift from pathologizing the person, to understanding her as a whole, a person, who happens to have experienced something that was hurtful. The deficit-based biomedical approach inherently constitutes her as damaged. Her healing was, in part, a recognition that it is not her who did something wrong or who is damaged, “not something that was wrong with you that you need to change.” What was wrong was the treatment of her body as a child, and the way that a person who experienced child sexual abuse is constituted socially and politically. Telling about the abuse was also an important part of her story of healing.

And I just, it wasn’t until I did that that [talked to her husband about her experiences of abuse], that I felt truly safe and, and he looked at me and I

couldn't believe, and I mean this is one moment in particular but through the course of my healing and disclosing the abuse to him I had a very hard time finding words for it and, and that was probably the hardest thing for me was finding the words and, you talk about "Yah. It's taken me an hour and I haven't even talked about my abuse at all." And so with him I would say, you know, more of the words that come out with him and with [therapist] than with anyone else and I, I was so afraid to tell him about the things that have been done to me that I always thought I participated in. And when I put that last piece of me on the table what I said to him at that point was "I did this. I liked this. There were parts of this I liked. I let this happen. I agreed" and those are the worst, most shameful parts of me that I kept, and what I realized is that they were also inaccurate, misconstrued. And he was there waiting for me saying "No. That's not you. You didn't do that. You were four, you were six, you were ten, you were twelve, you were fifteen, you were twenty" you know.

Telling her husband and her therapist about the abuse itself, as she remembered it, changed her memory of the abuse, and her understanding of herself as complicit in the abuse experience. The passage refers to her telling the incidents of abuse, and in hearing herself tell about the incidents, she hears the story differently than how she remembered and lived them. The beliefs that she had, unarticulated, of her participation as an agent in the abuse, were challenged, and her story of the abuse itself changed as she told it.

In discussing public school educational awareness programs, Jen stated

I know that parents are going to go "We don't want you telling our kids about sexual abuse when they're like ten years old or when they're in grade one" but give me a break. That's their tool. That's their thing. If I had known that what my father was doing to me was wrong, I mean I didn't realize what he was doing to me was wrong until I was eleven. That's the point where I died completely when I realized that my voice meant nothing and it was the first time I had a voice where I said "No. No I don't want to do this."

She believes, like the other research participants, that the public naming of child sexual abuse is more important than the discomfort some parents or administrators might experience in such a sensitive discussion.

5.1.3 Remembered and knew

Lisa's story of naming the abuse was told in a matter of fact way, when she said, about the sexual abuse she experienced from her grandfather, "I told my mom when I was a little girl, and she told her dad not to come around, to our house any more." However, her mother later had Lisa and her siblings stay with an aunt where her grandfather had access to Lisa.

When Lisa found out that her uncle was being taken to court for sexually abusing another girl, Lisa disclosed that she had been sexually abused by this uncle to her mother, who went to court with her to support the other victim by disclosing that she had been sexually abused by her uncle as well. The experience of naming the abuse was, in these examples, seemingly straightforward.

Lisa knew that she was being sexually abused by her grandfather, and she told her mother about it. She also named the abuse by her actions. Prior to disclosing to her mother about her grandfather sexually abusing her, Lisa's first naming of the sexual abuse took place silently, and in a unique form, by protecting her siblings from being abused by their grandfather.

When I was abused, I always made sure my sisters and brothers slept on that side [gesturing] and I slept on the end, for they wouldn't be abused ... I protected my younger siblings, and to this day my younger sister says "I let you protect me as a child," because I always made them sleep by the wall and I always slept at the end, because I knew what was going to happen.

Somehow Lisa knew as a young girl, that what her grandfather was doing was wrong, or hurtful, and that her role was to protect her siblings, including her older sister. She did not describe when, or how, she understood what occurred as sexual abuse, or why she knew to tell her mother. However, she was also communicating to others that there was something happening.

Like Jennifer, Jac, Kristie, and other research participants, having someone they trusted who they could tell about the abuse memories was an important part of their story. When they told someone that they had been sexually abused, the abuse somehow became more real to them, and they learned to trust the person they were telling more in the telling. Lisa was uncomfortable trusting others with her story, and so

I wrote in my journal, how I was abused, and what he did to me, and how he did it, and once I wrote it down, and I read it over, and I kind of shook my head and it was like, 'it really happened', cause I was like, I tried to think that it didn't happen, you know what I mean?

When describing the abuse to someone, or writing it down, the abuse was being made visible, public. In doing this, the truth of the sexual abuse somehow became more real to the women, and the responsibility for the experiences of sexual abuse was then located outside of the body, in the social world.

In the stories, several of the women described how a sense of community was important to them, particularly when they disclosed that they had been sexually abused in childhood. For Lisa, who experienced both danger and protection when she named her abuse publicly, an important part of her healing process was being able to talk with other women about what she experienced, and to hear other women's stories as well.

when I talk about it, it heals me too. Because I can let it out. And we have sharing circles here, and I can talk to different women about what happened. Same, what I been through, they been through. So, we can help each other, we helped each other. You know what I'm talking about?

Les told the story of learning what she experienced was sexual abuse through a school presentation. She had not recognized that there was a name for what she had been experiencing until she went to high school, but she did know that there was something wrong. Les told the story of being abused by her uncle, with her earliest memory starting when she 'was four or five'. She believes her brothers may have been abused by this uncle, or at least witnessed it, and several of her cousins also disclosed being sexually abused by him as well. The sexual abuse continued until, when Les was a young teenager, her uncle approached her friend who was visiting Les, and Les did not want her friend to experience the same thing she had.

I was about thirteen and he was trying to, I don't know if you wanna call it seduce my best friend and prey on her and I, of course I knew him, my best friend didn't and we were trying to get away. Anyways I said no to him and I refused to take off my pajamas or whatever ... and when I was in grade eleven in high school we had a speaker come in to our high school and they talked about sexual abuse, they talked about what it was and different kinds of experiences like date rape and that's when I first realized "That's what this is" and I thought that was an incredible educational experience for me as a teenager to have validation that that which was a huge part of my life was wrong. It was called sexual abuse and I found that was the start of my healing. It was like I went home and I wrote a letter to my mom and I said "Mom I'm going to tell you something. I can't tell you." I wrote a letter and then I went and had a shower and I came out and my mom was very, very upset. She was crying and just held on to me and then that started the whole process.

And I don't really remember anything about the presentation at all. All I knew is the feeling I had. It's like "Oh. That's what it is. That's what's been happening. Oh my God. I need to talk about this"

Les describes a situation that she experienced as wrong, but not having the language for why it was wrong. She experienced the 'wrongness' of this situation more so because

her friend was vulnerable to her uncle's seductive behaviour, and Les knew what could happen next. Les explained that this was the first times she stopped the sexual abuse. In this passage, Les describes a significant point in time for her related to the sexual abuse, and followed it immediately with a description of learning what the name was for what her uncle had been doing. In her telling, Les juxtaposed the 'not knowing' with the moment of naming the sexual abuse and immediately, disclosing to her mother about the sexual abuse.

Les continued in her story to explain that she got counseling from someone she trusted, and who supported her in bringing her family together with her uncle to confront him about the abuse, and later she charged him with sexual abuse. In telling her story, the audience was very important to how she experienced the process.

For example, telling a therapist about the specifics of her experiences of abuse was important. This therapist, who died of cancer while Les was still in therapy, was someone who had a tremendous impact on her healing process. Les described telling her abuse story to the therapist as someone she felt safe with.

I felt like that was the first time I could really tell her, tell somebody everything that happened to me so it was very emotionally, emotionally intense because I told her all the things that had happened, all the things he had done and she was able to validate "It's not your, it's not your fault. What he did was wrong. It's normal, it's normal to feel that way". She put some normalcy to my say, for example, being sexually abused for so long like that I started to like think about the abuse or if I saw him it was like I would almost be prepared to be sexually abused, if you know what I mean? And, but you don't like and you feel disgusting but it was like the only way you could relate to this person and she said "that's normal, it's okay, you know, you can undo that, you can have a healthy life with men and bla, bla, bla, bla, bla" so just telling her like really deep sick stuff like to me that was really sick, right? But it's kind of a normal that way, Yah. That, why would I be thinking that? And so telling her really intimate, private things in my life and getting that out and having her listen to me and not judge me and to be supportive and attentive, you know, was really, really important. She was just, those things were so important to me and I think, I think I just found the right, this person came into my life at the right time ... and just gave me what I needed. I'll never forget that. I totally trusted her. Oh yah. Totally.

The audience, or who is being told, also had an impact for Les in another experience of abuse, years after the assault and after she confronted her uncle about the sexual abuse. Les confronted the man who had raped her as a young adult, through a process she explained

was collaborative law.³ Les found this form of telling to be very helpful because, like with her uncle, she was able to face him and say ‘this is what you did, this is what I experienced, this is the impact it had on me.’ She was in effect, handing responsibility for the abuse to the abuser.

Memories were evoked through different life experiences for the women. Like Jane, for Les, parenting children had an impact on her memories of being sexually abused.

Yah well I’m raising girls, right, and that’s interesting too, right? When you raise a daughter and you’ve been a sexual abuse survivor, you know when she turned five; right away I had memories of thinking “Yah. That’s when I started to be sexually abused” or else there would have been hide and seek and my brothers are around and they want to play hide and seek and I’m like “Mmm . . . that’s exactly how my sexual abuse started off.” You know uncle would say “let’s go hide and seek” and then I’d be hiding in some closet with him while he’s abusing me or acting out sexually with that young age but so those things made me still be aware of being a survivor and having kids knowing that I need to, to deal with these issues and just check in with other women to say “Is this normal?”

Connie’s story included two separate experiences of naming what was happening to her when she was a child and the abuse was ongoing. With the first incident, Connie tried to let her step-grandmother, who was caring for her at the time, know what had happened.

I told her [her step-grandmother] what had happened and she proceeded to yell at me and called me a liar and chased me around the house telling me “We don’t make up stories like this. People go to jail if you make up stories like this.”

Connie did not try to tell anyone about what had happened after that, because she felt they would not believe her. The second significant part of Connie’s story that involved naming, was her understanding that there was a name for what was being done to her. Connie knew that the abuse was wrong, but

I didn’t understand what he was doing to me. I don’t remember him ever threatening me but I do remember it was wrong and I remember feeling ashamed.

She did not have the language for what was happening to her until she saw a show about sexual abuse on television. Even though she did not know what was being done to her was considered wrong socially, she felt that it was wrong, and she felt ashamed. She

³Collaborative law is a dispute resolution model in which both parties work together in a respectful manner.

found it to be very helpful when she learned that there was a name for what was happening to her.

I would have been in grade 5 or grade 6 and I was over at my step-grandparents' house and I was sitting in the living room reading a book, and a show on childhood sexual abuse came on and my grandparents wanted to watch it but they didn't want me in the room because they thought I was too young. And I said "Oh. No. No. I'm not watching. I'm just reading my book. Like, don't, don't worry about me." Yah. And I just sat there with my book held down a bit and I was watching the T.V. over top of the book and this story, I don't remember what it was at the time but there was a girl who was sexually abused and that's when it dawned on me is like "That, that's me. I went through that too." It was an 'aha' moment. I finally had a name for what happened to me. And it was a little bit enlightening 'cause like you have the name for it, you understand what it was and a little into the why but at the same time it opens up another door, another can worms where you start having, I guess because you understand a little bit more you start having little questions that you just can't answer.

Connie felt she could not tell her mother, someone she trusted, about the abuse even after she had learned what it was, first because of her step-grandmother's reaction, and then because of something her mother had told her. Connie's mother had always told her that if any man touched her, she would kill him. "So I was scared to tell her and then as I got older I didn't want to tell anyone else because I didn't think anyone would believe me." What she learned later was that her grandfather was a pedophile who sexually abused all of her cousins but not her. Connie's mother was referring to Connie's grandfather, not the neighbor man who was molesting her.

Connie believes that she could have been helped if someone had asked straight out if she was being, or had been, sexually abused. However, she was clear that her fear of her mother's reaction, and her experience with her step-grandmother when she disclosed as a child, made it difficult for her to trust anyone enough to tell them, and because "I was deathly afraid of getting into trouble". Connie explained "if someone would have asked although they would have probably had to ask more than once because I was scared of their reaction ... but I didn't feel like I had a safe place to sit down and talk about this." She believes that some of her teachers did try to help her, but did not persist to the point that she felt safe enough to disclose.

I had teachers in my elementary school who knew something was wrong. I would burst out in tears for no reason you know in class just because I, I had all this pain but I didn't know how to, how to get it out so. And they knew

enough that when I went to high school, high school was a different building in my home town and they talked to the guidance counselor about me and she called me in for a meeting and she's asking me about my life and I was telling her "Oh well I have a step-dad but I don't see him very often. He's in [city] working. I have a biological dad but haven't met him yet." And then she started throwing out theories. "Aha. You haven't met your biological dad because he molested you when you were a baby and that's why your parents broke up." And I was like "No. That has nothing ..." "Okay. Then it was your step-dad. Your step-dad's been molesting you." And she was just randomly picking people out of the air.

Connie did not disclose as an adult until she felt safe with someone.

I didn't have support until I met my fiancé. There was a boyfriend that I had disclosed to before and he basically just kept brushing it off and kept telling me to get over it and you can't just get over it. When I started dating my fiancé I finally sat down and I told him what had happened to me and what had gone on with my grandpa and he didn't get angry with me, he didn't get upset, he just told me like, you know, "I'm sorry that you had to go through that. It's okay. I'm here for you. Let me know how I can help" ... and that's how I knew it was safe with him ... he didn't accuse me of lying. He believed me. That was huge. I needed to be believed because I was always in fear. Experiencing what it was like with him gave me the courage to go to the police.

Connie told her fiancé, and felt supported enough to go to the police, something that was very important for her to do. And in going to the police and making a report, she knew that she would have to go to her family and disclose to them, because the police wanted to talk to them.

So I went to the police and that's when I charged him and I gave my statement and they did a video taped interview and then I knew that they were going to talk to certain people in my family so I knew "Okay I'm going to have to disclose to certain members" so I chose people in my family who I thought would be the most supportive and I started to disclosing to them one by one and they, well my step-grandma, was my step-grandma, she denied everything. She doesn't, says she doesn't remember me ever telling her but my step-grandpa, my step-dad, his wife and my aunt are just unbelievable They were very supportive. My step-dad came down right away to talk to me to make sure I, I was in an okay place. My fiancé started all of that.

This process led to her approaching her family, to disclose to them, something she had been too frightened to do previously.

The first person I told was my aunt from my step side ... and her reaction really surprised me 'cause at first she was angry with me and why didn't I tell her at the time ... Yah and then I told my step-dad and, and his wife and they

immediately drove to [name of city], they live [several] hours away, to make sure I was okay and then I told, my brother came over and I told him. I told my mom last. I actually told my grandparents 'cause my aunt drove me out to my home town to talk to my step-grandma ... I disclosed to pretty much my immediate family before I told my mom because I was so scared of her reaction as she always told me "I'd kill whoever touched you." ... I didn't know how she'd react but she, she took it quite well and she said that she didn't, she didn't feel the urge to go out and kill this guy. It was always toward my grandpa when she said that. With my family I approached it from, from my relationship with my step-grandma because she denied what had happened to me or me telling her. Our relationship was not a very good relationship. We fought a lot. The family knew that I was not fond of her. They had to fight with me to get me to go over to her house and it was constantly a struggle. Like I, I wanted nothing to do with her so I, I brought that part up with my family and I told them the reason why we didn't get along is because this happened to me, being abused, and that I told grandma and that she yelled at me and called me a liar and that's why, and that's kinda', that's what opened up the flood gates of how I could get into things.

Connie also talked about the value of disclosing that she had been sexually abused to those she trusts as an adult. "I told my story in group, I've told it to my fiancé, to certain family members, and I've told it to my group of high school friends and I have a group of friends now, part of them are my fiancé's friends but they're kind of good friends of mine and I'm, I'm preparing to tell them."

In her story, Connie focused on justice, and the frustration she experienced when she tried to take the man who had sexually abused her to court, and was unable to take it any further. She still had a need to tell her story about the abuse itself, and

So I wanted justice. I needed a voice. So I needed to start getting the courage to talk about what I went through and one exercise we did here was very powerful where we wrote down an incident and then we shared it with each other, and that was the first time I had ever told somebody the details. So that, that was very, very powerful 'cause you're so scared before. You don't know what's going to happen, what other people's reactions are going to be but after you did it everything was still okay. I remember leaving that, that session of and I felt like I was walking on cloud nine. I, I hadn't felt that good in a long time.

For Connie, like the other women, naming, disclosing, and then telling about the sexual abuse was important in her narrative of healing. The processes of remembering, naming and telling about the sexual abuse were underscored by the additional themes of support (including trust and disclosure) and challenge (including identity and choice). The following is a description of these themes as reflected in the healing narratives.

5.2 Support and Safety

Every research participant noted that they were unable to name their abuse, or tell someone about it, unless they experienced support first. They stated that support and safety were key to their healing process. Without support, they did not feel safe enough to remember or name the abuse. The individuals who provided the support listened non-judgmentally, and offered their support on the woman's terms. For example, Connie's fiancé responded to her disclosure with "I'm sorry that you had to go through that. It's okay. I'm here for you. Let me know how I can help." Kristie noted, "I think if I would have had the information and the support around me, if I would have known and the only way I knew that is by having somebody coming in to the high school to give me that information that that's what happened to you, right?"

Every woman except Sonshine identified the role one key person who they trusted fully played in their healing process. This person they trusted was constant, respectful and available. For most of the research participants, this was the presence of a partner, for one of these women it was a therapist, and for others, it was both. Some of the women had both a partner and a therapist, and some had friends who they felt they could trust. Sonshine felt it was her faith, and therefore God, who was her support, and she said that outside of his support she had no support. This is inconsistent with her story, however, because her story touches regularly on the input and participation of her husband, who she explained was 'a rock' for her. It was her husband who she told that she was sexually abused for the first time, and it was her husband who reminded her that someone had suggested that she might be D.I.D. years before she got the diagnosis. However she describes it, she received support and learned to trust her support, as a key to her healing process.

Because of the silencing surrounding the sexual abuse, both from the abuser and socially, there was an extraordinary sense of fear on the part of the research participants regarding the naming process. Jennifer experienced such fear that she hid in a corner and needed her brother to be with her on the phone until her husband got home to be with her. She was in her late twenties at the time, but the fear she experienced was from her childhood. She had experienced years of unconditional love and support from her husband and brother, and had taken a long time to trust her therapist, before she was able to experience the memory that led to the naming of the sexual abuse. She needed to be able

to trust that she would be safe, something that she did not experience through the years that she was sexually abused.

5.2.1 Trust

The experiences of support and safety intersect with trust for the research participants. Trust is a theme that is woven through all of the stories, and foundational for the healing experience for the women. One explanation for this is the embodiment of danger, and of shame, that is so entrenched in the sexual abuse experience for children. The physical and emotional experience of fear and shame carries into adulthood, to the point that every research participant, when naming and telling about their experiences of child sexual abuse, experienced intense fear and had a physical reaction, usually followed by a personal crisis or a depression of some kind.

Trusting a counselor enough to tell about the abuse that she experienced was very difficult, and very important, for Tuppence to do.

If you're going to tell your story, you need somebody to trust ... because it's a very vulnerable place to be to admit that kind of victimization ... sexual abuse by its very definition really is something that happens behind closed doors. Nobody knows and so it's something that the person who was abused has to carry all their own so telling the story to someone, you know, the old thing, you know, troubles shared are troubles halved, that kind of thing. Being able to tell somebody is I think probably one of the most key things about it because it's so closed door ... it took me eighteen months to say "I was sexually abused" in therapy, otherwise I'd talk around it ... but when I had lots of words, you know me, lots and lots of words but I never directly said it until 18 months in. So it is, it's enormously difficult, not just to acknowledge but to say it 'cause when you say it, it becomes, I don't know whether real is the word I'm looking for but it becomes present in some way, more tangible, more, like there's an acceptance that something happened ... Because if it's not said it might not have happened regardless of how, whether a person has always known it happened or not.

Tuppence struggled to say out loud that she had been sexually abused when she was a child. Like the other research participants, the moment of saying out loud that she had been sexually abused was big, and somehow changes the impact or importance of the experiences of the sexual abuse. As shown by Tuppence's description, this was not possible without a tremendous amount of support from her counselor and her partner, without the sense of safety that was available because of their support, and without Tuppence trusting

that they would not hurt her, and that she would not be hurt if she said that she had been sexually abused as a child, out loud. This may be a reflection of the shifting bodies, with the individual body speaking to the social and political, and breaking the rules of passivity and silence.

There was a point in the women's stories where the women challenged authority. Kristie challenged her therapist in a group. She felt safe enough to do this, and she learned that an authority was genuinely looking out for her best interest, and that it could be safe to challenge or to question someone in a position of authority. This facilitated an experience of trust in another person for her. M.C, said that for healing to happen, it was necessary to have "support and safety first and foremost." Research participants experienced a feeling of physical threat or terror when they said out loud for the first time "I was sexually abused."

5.2.2 Disclosure

Disclosure always involves some form of telling, but telling is not always a disclosure. The experience of disclosure had a different outcome for some research participants than others. For some, it was a positive experience, but not for others. For most of the research participants the experience of disclosing that she was being, or had been, sexually abused as a child, was profound. For some of the women, disclosure included publicly telling a group of people, as an adult, that she had been sexually abused as a girl. For others, it was the process of telling someone that she had been sexually abused, usually a family member or a partner, for the first time.

For Connie, disclosure occurred without naming the events as sexual abuse. When she was about six years old, Connie described to her step-grandmother what was happening to her, even though she did not have the language for what she experienced until she was older. M.J. told the story of disclosing to her mother without any language, rather by her behaviours. She explained that she became afraid of men, and would hide from them if they were in her home, and that she played with her dolls in a way that presented explicit sexual abuse behaviours.

Some of the women did not disclose at all in childhood, or felt they did disclose without the language, but the abuse was not recognized. Tuppence disclosed to her father when she decided to take her brother to court, and M.C. disclosed to a counselor at her high school.

As a young girl Lisa's experience of disclosure and naming the abuse was dangerous, even though she was trying to ensure that she and her siblings were kept safe. She explained that

my mom went to Bible School, and when she left us with our grandfather, I tried to yell out and told my, told all my aunties um, grandpa's bothering me. My auntie started hitting me saying "don't you ever say anything like that about my dad again ..." So I got a licking for saying that. I was probably like twelve years old. I learned to keep it in until I was like sixteen years old, and after I got there I started thinking like I'm probably the one turning him on, you know what I mean?

Lisa learned that she would not be safe if she disclosed what was happening to her, and that even trying to find a way to be safe would harm her.

In discussing the memories of being sexually abused and her awareness of it, Corrie discussed the energy it takes to 'stuff it down' and the challenge and emotional danger in the process of disclosing her experiences of abuse to family members.

I think I even held it in a lot, in the disclosure. For me disclosing was just huge [whispering]. I'm going to start to cry. I knew what the outcome was going to be, right? I mean, I wasn't in this dream land that I was going to disclose, and everyone was going to go "oh, poor you, how can we support you?" Like I knew it was going to be disowning. And I think it took me a long time to get to the place where I was ready to disclose, and then my mother got really sick. And then I knew I couldn't do it.

Corrie continued, explaining that she had planned on confronting her father, but waited some months for him to recover from his wife's death. She has a letter she wrote to him at the time, but he died within nine months of Corrie's mother's death, so Corrie read the letter at the casket. When asked if she had ever told her mother, Corrie replied that when she was younger, "I did disclose to my mom. She didn't ask any questions." In disclosing when she was younger, she received the message of silence from her mother, as well as from the priests, the authority figures in her life at the time. In her disclosure to the priest, she was further abused. For Corrie, disclosing the abuse was not safe.

Corrie had a story of danger and the need for safety in the decision to name the abuse publicly as well.

I think the safety has to come within. First you have, I think we have lots of little things that make us decide who's safe or not to tell the story. My mom wasn't safe. And I checked it out with her, not check it out. I didn't, when [as

an adult] I told her my story of sexual abuse her first reaction was “Why did you let him do that?” And I said “That’s it. That’s why I never told my mom [as a child],” and I thought ‘Ah, if she had said that to me as a kid, it would have destroyed me.’

For Corrie there was a spiritual danger when disclosing abuse, because the priest who named Corrie’s experience as child sexual abuse did not name the sexual assault on her by either himself or the previous priest. The priests named, with authority, what was and what was not abuse, and therefore excluded the behaviours that they did as abusive. The message to Corrie reinforced the authority of the church to abuse her, while giving the image of protecting her. The faith that she needed in order to heal was undermined, making it less likely that she would be able to heal.

Support and trust intersect with readiness. Jen said “I think the key themes are that healing can only happen when the woman is safe and when she is ready.” But what is she ready for? The experience of trusting someone, or a few people, and the existence of support, were the foundation for allowing herself to be challenged in a way that she could hear what was being said, or what was being experienced, as a challenge and not a threat. This intersection of trust and support, with being challenged, led to every research participant deciding to make a choice, either over her perceptions or her actions, challenging her very sense of herself, or her identity.

5.3 Challenge

The women described a moment or experience of being challenged, when their perceptions of how they operate or function in their world was challenged. Les’s challenge was to her identity as a victim, but it did not occur as a result of verbally telling someone her story. Les had gone on a family trip at a time that she was feeling vulnerable. She was approached in an offensive way by two different people on the street and experienced it as victimization. Once she reflected on those experiences, she understood them as a wake up call to take charge of her life, and to name the abuse she had experienced, something that led to her confrontation with the man who had raped her. The challenge was not issued from the person, or persons who she felt threatened by. The challenge she faced was her feeling of vulnerability, that led to a sense of being abused.

For some of the women, the challenge was about naming whether or not they had been

sexually abused, and for others, it was around how they were dealing with having been sexually abused, and if they were stuck in a certain way of seeing themselves. For some, it came in the form of an unpleasant experience, and for others it was being asked the difficult question, “were you sexually abused as a child?” But for every one of the research participants, the challenge was a challenge to the way they saw themselves, their sense of identity, and how they saw the world as it relates to them.

M.J. was challenged in a healing circle by another woman to “stop the pity party and move on with your life,” and Les was approached twice on the same day and verbally assaulted and threatened, once by a prostitute and once by a homeless man. Both of these women found these incidents disturbing, but the incidents then became a catalyst for the women to address something uncomfortable. In retrospect both women are grateful for having been challenged in that manner. While M.J.’s experience was related to her ‘telling’ her story of multiple abuses and assaults and losses in a circle of women, she was challenged to stop telling and start doing something about it. She felt that this was an extremely hurtful experience, but one that was constructive for her because she recognized that she needed to stop ‘looking for attention’ and start making the changes she needed to make in order to heal.

M.J.’s challenge was to her identity as a victim. M.J. also experienced being challenged by observing how other people managed adversity, for example by watching Oprah Winfrey.⁴

I had to learn to find other ways of getting on with my life and that’s why I dream positive things, and have positive role models. Oprah Winfrey was, actually she is huge to me. I don’t know. I think because I saw a little bit of her autobiography and how she started out and as a black woman and, and trying to make it in her society and how she came this far and this big and she became like a person of admiration. And even similarities with the native counseling, like women who present themselves as women of power give me a great source of hope because I hope to be that too one day.

M.J. was similarly challenged when she went to the play ‘Vagina Monologues’. She had her assumptions about what it meant to be a woman, and who had a right to her body, challenged when she saw the performance.

⁴Oprah Winfrey is a syndicated television show host who does shows on topics that are typically taboo. She is a media mogul and a philanthropist who is popular because of her personal story of overcoming adversity, including sexual abuse as a young girl.

I went to the Vagina Monologues. And I found that very empowering and it was emotional but it was something that I needed to, to watch and, and listen and learn from and it was kind of uncomfortable some parts of it because of how open they were talking about the vagina and, but the beauty part of it was how they made it sound like the woman's vagina was just like, it made you feel proud to be a woman. And I needed that because I needed to know that I need to be, I'm, I'm important to be a part of this earth. Not just because I'm a human but because I'm a woman and I'm not here for just one thing for the men. I'm here for me and I'm here to help and, you know, and I'm here to be a help in my community and, and I don't know. Just hearing the women's stories that, the women that were in this particular type of workshop were from across the country and they, the one woman she talked about how she was gang raped by a dozen men and she was like, I think she was 12. Wow. That was, and just to watch her thrive and watch her share her story and watch her like go through the emotions in such a dramatic way was just, I don't know. I just felt like my hairs on my neck stood behind me and I just went "Ah" you know and it also made me feel like, not so bad because I know what it's partially like. Thank gosh it never, you know, like happened to me. So I, I just, it's just, I felt the Vagina Monologue is something for women to know and feel good about themselves. It's like a, it lifts your self-esteem.

M.J. was challenged by how she understood her self, as a woman, as a result of her experiences. She had been sexually abused as a child, raped as a young adult, her mother had been raped and murdered. She understood her gendered subject position, as a wife and as a mother, as an objectified self with the purpose of catering to mens wants. When she watched the Vagina Monologues, she understood her self as a woman in a way that challenged her previously held understanding of herself as a woman.

Gendered subject positions are constituted in various ways: by images of how one is expected to look and behave and by rules of behaviour to which one should conform which are reinforced by approval or punishment, through particular definitions of pleasure which are offered as natural and imply ways of being a girl or woman, and by the absence within particular discourses of any possibility of negotiating the nature of femininity and masculinity.²¹

By attending the play, or watching Oprah, M.J. had her assumptions challenged about her role, and her body's role, as a woman, and her place as a First Nations woman. Until seeing the Vagina Monologues, or watching Oprah, M.J. did not recognize the possibility of negotiating the nature of femininity and masculinity for herself. M.J. later stated

about four years ago, before that I thought the woman was just there to please the man. That was around the time I saw the Vagina Monologues. And I didn't know that the woman has a right to feel pleasure. I didn't know. And so after learning more about my sexuality and what makes me feel good also totally empowering me too as a woman.

M.C. experienced a challenge to the way her gendered subject position was constituted by her family when she visited friends from her school in their homes for the first time, and when she was expected to lock her door and therefore have control over her private space. Experiencing the lives of families that lived differently from hers helped her recognize that what she was experiencing something different in her home, and to her.

Other research participants identified moments when they were challenged by a therapist, a professor, or a husband. Trust was very important in these experiences, because the challenging event was something that they might not have accepted from someone they did not trust. Because they trusted the person who challenged them, they were willing to consider what that person was saying. For example, Jennifer spent years learning to trust the therapist who finally asked if she had been sexually abused as a child. Tuppence would not work with any therapist unless she had earned her trust, and only when she trusted her therapist would Tuppence consider listening to her. Tuppence was challenged in a different manner, like M.J. She was watching Oprah on television, and it

never occurred to me that it could be anything other than right now is a really difficult time to get through and actually it was Oprah . . . Yah. She's amazing. She had a series on, about her heroes, her own personal heroes, and one of them was Naomi Judd which, very intelligent, very, very amazing woman, another one was Maya Angelou. And the one that had the most impact was Andrew Vax. He's a child advocate lawyer in New York and he, it was watching that show when I realized that I had choices 'cause he was talking to Oprah and she had talked about having gone back home to visit her dad and that the relative who raped her was there and she made breakfast for him rather than make a fuss but he was there and he said "You didn't have to do that." And I went [gestures in an 'aha' kind of way]. It was a stunning revelation that there's a choice that can be made and I don't have to go with the flow.

Tuppence held assumptions that she had no choice when dealing with her brother as an adult, who was one of the people who abused her when she was very young. When she saw this show, the assumption that she had no choice was challenged. The insight that followed became a catalyst for change for her.

Jennifer was challenged by the unconditional care and acceptance of her husband, as well as by the support and regard of her therapist, who she had learned to trust. The challenge was that she was worthy of being cared about, and that she could be accepted or loved unconditionally. This was a challenge because she did not experience being considered worthy of unconditional care or love as a child who was being sexually abused. Although

Jennifer had a sense early on in her story that the way she was acting was not ‘really’ who she was, she was unable to accept that who she was, was someone worthy of being respected and loved. It was not until she was shown, over and over again, that she was loved despite the things she had experienced and done, that she could make the choice to see herself as they did, as loveable and good.

Like Jennifer, Kristie was challenged by the therapist she learned to trust, in different ways during counseling, as were Tuppence, M.C, and Nel. Tuppence worded it this way

I’ve been vulnerable many times over this whole entire process but had [her therapist] not heard me as I needed her to hear me and had she not responded in the way that she did with support and understanding and exploration around, in a very sensitive way, it could have shut me down very, very easily because at that time, when I told her I was ready to bolt, if she didn’t respond the way I wanted I was gone and she never would have seen me again.

M.C. experienced a challenge after she attempted suicide, and it was during as well as following recovery that she finally recognized that she was not alone. Like Jennifer, this was experienced as a challenge to her, that there were people who cared about her and would continue to support her no matter what she did. She understood that she had the choice to see herself as worthy, and that she could choose to heal from the sexual abuse.

Jen realized

I still don’t trust my body completely. And yet on Sunday I went ‘You know what? My body and mind have worked together to allow me to survive thus far and I’m not there anymore. I’m here in this safe place. I am conscious in my life, consciously choosing, consciously aware’ and I said ‘I need to just trust that my body and mind are still doing what I need them to do to help me to be safe, to help me to heal.’ Again it has its own timeline and I’m trying to push that, you know. I’m trying to push it and what, yah, and what it’s doing is making me more anxious and, because I want it over with because I know it’s coming and I wanna get to it before it gets to me.

Lisa was challenged by two people, the first being the doctor who told her if she went back to the same life style, she would be dead in three months, and the Elder who ran a sweat that she went to. Lisa attended the sweat, and although she was fearful of the sweat, she wanted even more to heal, and so she trusted this Elder, who directed her to pray. She did pray, and she emerged from the sweat feeling changed. Most of Nel’s story is centred around learning to trust her counselor, and then other people, to the point where her counselor could ask her if she had been sexually abused.

5.3.1 Embodied Sense of Self

The stories of healing show a strong relationship between the women's embodied sense of her self, and naming. The recognition of the impact of the abuse, and therefore the reason for many of the behaviours that had not previously made sense to her, can transform a woman's understanding of who she is. For example Jane, who was assaulted at a very young age in an equipment vehicle, reacted to big equipment, explained:

I grew up on a farm, and I couldn't understand if I saw a big bulldozer, like I'd almost start hyperventilating. And I had really long hair when I was little. And my mom would constantly want to put my hair in a ponytail and I would freak. I would freak out, and I never would put my daughter's hair, neither of my daughter's hair ... well, when the memories started coming back, it's because my hair was in a ponytail and he got a hold of my hair.

She later explained, "Before, when I didn't understand the triggers, I just thought I was weird or I was losing my mind ... I just thought there was something wrong with me."

Jane's sense of her own identity was of someone who had weird reactions to everyday events, like big equipment, or putting her daughter's hair up in a ponytail. When she understood herself as someone who was sexually abused by a man in an equipment vehicle, and that her hair was in a ponytail when she was abused, she also understood herself as someone who was reacting logically to something that had happened to her as a child. Her story of who she was, was challenged by a new understanding of herself, an understanding that did not pathologize her in the sense that parts of her were wrong. Her new understanding of her self was of someone who had a bad experience as a child.

Sara talked about her sense of identity when talking about her healing process.

It's valuing all of me and not just like I think I spent so much of my life discarding parts of me. Like that's no good, that's no good. Somebody said "I don't like that about you" so I would, you know, try not to be that. Well but that's part of me, you know, and we're all, we're all a composite. You know every human being is so very complex and we're, we're a composite of many, many selves I think and so for me so much of my journey has been reclaiming those lost selves and, and bringing them all home.

She was beginning to understand herself as a complex person with many aspects of self, and to accept that was her.

The women's stories indicate that identity is a narrative matter, and that in the narrating, and the re-narrating of her story, the space is created for change to occur, for new understandings of herself, and therefore for a new, or more congruent, identity. The women experienced being challenged, and their stories changed. Their stories became stories of choice, renewed understanding, of their bodies, of themselves, of the world they live in. With the recognition that they could understand their own stories differently, they recognized that they could understand themselves and how they are within their world differently. Sara reflected that

I had no identity. I wasn't a person. I wasn't, I was, you know, this zombie who did that she was told and who arranged her life according to what other people wanted.

In this statement Sara is reflecting a life lived as a social and a political self. She had little other identity, or sense of individual self. The process of 'giving it back' was described clearly by the research participants in their stories of healing. The process of giving it back was a process of clarifying who was responsible for the abuse, and therefore who was not responsible, the women themselves. Giving back responsibility for the experiences of sexual abuse was a way for the research participants to find their voice, experienced by them as a new way of understanding themselves in terms of how they live in the world. Some of the women were very creative in 'giving back' the responsibility, clearly identifying who was responsible for the abuse. Jen sent her father by registered mail graphic art work of an incident of sexual abuse, and Les went through a restorative justice process with her uncle and then later with a man who raped her. The women now understood that they had choices, both in perception and in action, and that it was not them, their selves, who are wrong or broken.

The women did not give back responsibility until they were ready. Experiencing challenges that acted as the catalyst that led to the women recognizing that they had a choice did not occur for the women until they hit a point of readiness. The women said that they would not work with a counselor or a therapist unless it was someone who they could trust. It was only when they trusted that person that they would accept any kind of challenge from them.

The women needed to be at a point of readiness for the challenge to lead to an understanding that they had a choice. They described a point in their stories where the choice for

them was to learn to trust and address the sexual abuse or make the changes they needed to, or to die. This point of readiness, combined with having support in place and having named the abuse, led to a recognition that they had a choice, whether in their perceptions, their behaviours or their ability to be responsible for their own healing and therefore their own happiness. As Tuppence said, “It was a stunning revelation that there’s a choice that can be made and I don’t have to go with the flow.”

5.3.2 Choice

Some of the messages the women identified as changing, messages that helped them recognize that they had choice as adults, are: their participation in the acts of abuse was unavoidable given their resources; it was not them who was bad even if they participated in the abuse; and, they are a good person who was unfortunately forced to deal with a bad situation. The way they understood how they coped with having been abused as they matured changed. Chris Weedon suggests that the individual is always the site of conflicting forms of subjectivity²¹, and that:

As we acquire language, we learn to give voice – meaning – to our experience and to understand it according to particular ways of thinking, particular discourses, which pre-date our entry into language. These ways of thinking constitute our consciousness, and the positions with which we identify structure our sense of ourselves, our subjectivity.²¹

When naming the sexual abuse, the women acquired the language that gave meaning, or new meaning, to the experiences. In doing this, the acts of abuse were separated from the self, and the self was then free to be experienced as a whole, not as a problem. This understanding of choice, this new way of understanding who they were was not possible until they had named the abuse; until they had supports in place and learned to trust their supports; until they had hit a point of crisis; until they recognized that there was a choice in how they perceived themselves or their way of being; and until they were ready to make a commitment to change.

There were three significant points in Lisa’s story that describe a moment when she knew she wanted, or needed, to heal from the sexual abuse. These include one incident when she was using, and alone, and getting memories; another when she was hospitalized for IV drug use and told that if she returned to the lifestyle she would be dead in three months; and finally when she learned that she had gotten an infection that would be deadly

if she got it again, which she would likely acquire if she returned to using drugs like she had been. Underlying this are her statements that she wanted to heal for her own sake, and to stop the cycle of abuse for her children. She explained that she does not want her children to experience foster care and pain, and she does not want them to see her die a drug user. She was at a point of readiness to trust herself, and others, and to see herself in a new way.

These stories describe a process of the women publicly signifying what happened to them as children, as sexual abuse. The process of signifying, or naming their experiences as CSA is related to the women's memories, her body, and her sense of identity, or who she is. The women recognized that they were sexually abused, and it was a relief to understand that there was a reason for why they were the way they were, something that had not made sense to them up until that point.

In the same way that naming the abuse was important in facing it directly, naming the process of healing was important in understanding oneself as having experienced healing. Tuppence explained

I've never really talked about the process. It just existed. You know how a lot of people talk, they say if you talk about the abuse it makes it more real. It's kind of like that with the healing stuff. If you talk about it, it makes it more real, it makes it seem more concrete somehow.

5.3.3 Summary

In an analysis of the stories of healing from fourteen women who were sexually abused as children, the process of remembering and then signifying the experiences they remembered as child sexual abuse was a dominant theme, described as naming, remembering and memory. This chapter provides an analysis of the theme naming, remembering and memory, along with the complementary themes of support and safety, and challenge. Support and safety include a discussion on trust and disclosure, and the theme of challenge includes a discussion on the identity and choice.

Naming is the process of the woman, herself, putting a title to her experience, or signifying the experience with the words, 'child sexual abuse'. How the abuse was named for the research participants occurred in one of two ways, either: a) externally, outside of her body for example through: professional development workshops; safe touch presentation in elementary school; intake questionnaire for a mental health appointment; talk show

host telling someone's story; or b) internally, by the body, for example: body memories; flashbacks; severe depression; or addictions. Whether the naming occurred externally or by the body, it was in the body that something was experienced as wrong.

Memory and remembering were necessary for the naming process. Remembering is understood to be distinct from memory. Remembering draws on memory, but memory-making and memory retrieving are different. The research participants' memories of the abuse incidents emerged in their stories in three ways: Participants who 1) had memories but no name; 2) did not remember or know; and 3) remembered and knew.

Several of the women noted near the end of their interviews that they found telling me their story of healing helpful. They said that because of their participation, they now see themselves differently, stronger and as having accomplished much. In telling their stories of healing, they reconstructed, with the researcher, their story and their sense of who they are in it. In writing this dissertation and providing an analysis of their narratives of healing, I make the shift from co-creating narratives of healing to writing a new, researcher driven narrative. This narrative is one that considers all of the women together in order to draw themes and possible patterns of healing, as determined in the next chapter of restorying.

CHAPTER 6

RE STORYING

Life is sort of a forward process in the sense of calendar dates and I'm getting older sort of thing. But ... I didn't really create any sort of story in my mind. I was like, there's sort of a sequence to this. And I guess I have a sense of, different things I've gone through at different points. [Nel]

6.1 The Sequence of Healing

I am, in this research, narrating women's stories of healing. Narrating a story involves a relationship with the audience, and a certain kind of a relationship between teller and listener will facilitate a certain kind of a story.⁶⁶ The relationship I have with the reader is 'researcher as informant'. My role was to hear, interpret and retell, the stories I heard. In any story there is a time line, including a beginning, and an ending. The stories the research participants told rarely began and ended in chronological sequence. As a researcher hearing the women's stories of healing, it became evident that the beginning and the ending of the story of healing as they told it was not necessarily the beginning or the ending of their healing stories. In order to gain insight into the beginning and the ending of their healing stories, I reconstructed each woman's story chronologically.

Every woman told her story of healing in a unique sequence. Some of the women told a story through a back and forth process between experiencing a crisis and receiving support that eventually led to an experience of healing, and that spanned up to twenty-five years. Other research participants told a story in a linear process, a story that lasted two to three years. For example, even though she explained that she was telling her story for the first time and that it would be all over the place, Nel told her story in a fairly linear, chronological pattern, with a set sequence of events taking place over a period of four years. She was clear on the plot of her story of healing, on the critical points she wanted to tell,

and she presented her story in two parts, correlating with each of the two interviews. Lisa struggled to find the words to explain how her healing process unfolded, and spent much of her first interview re-iterating that she needed supports, and that to heal she needed to take ‘baby steps’. It was not until later in the first interview, and more into the second interview, that she told the story of her struggle with addictions and her sense of loss with her children being in her mother’s care. Corrie told a story that had a complicated time line, moving back and forth between children’s births, therapists, and distinct ‘crashes’ that she experienced, and that took place over a period of more than twenty years.

Relevant to how the women told their stories of healing was how the women knew of, remembered, and named the sexual abuse. Five research participants knew they were sexually abused when they were children. These women carried the memory and knowledge of the sexual abuse with them into adulthood, and they began their first interview with the story of sexual abuse itself. Two women had no memory of being sexually abused, they did not recognize that they were sexually abused until they had a flashback or a memory as adults. Their stories did not start with the abuse, nor did the remaining seven research participants, who remembered at least some, if not all, of the incidents of sexual abuse, but did not understand, recognize it, or name it as, sexual abuse until they were adults.

However their stories unfolded, however they remembered or did not remember being sexually abused, and however much time over each woman’s life span the stories covered, when all fourteen of the stories were reconstructed and considered in chronological sequence, a consistent pattern of healing emerged. For every woman, there were two stories of healing; there were two events of naming; there was one point of crisis; and there was a period of telling about the abuse. The sequence for these points in the overall plot of the story was also consistent, and appears as follows: first story; first naming; crisis; second naming; second story; telling. For some of the women, telling did not occur discretely at the end of this process, but was woven throughout their stories.

A brief summary of each of these transition points is outlined in Table 6.1. Following the table is a narrative description of each woman’s story, as it fits in the re-storied pattern of healing.

Table 6.1: Restorying. A Chronological Summary of the Pattern of Healing.

Woman	First Story	First Naming	Crisis	Second Naming	Second Story
Lisa	children apprehended, drug use	flashbacks, alone on street, high	hospitalized, could die	live/heal or die	detox, sweats, healing centre
Nel	at univ, counseling for relationship problems	counsellor asked	suicide attempt	in hospital, live/heal or die	counseling, living with grandparents
Jane	second marriage, supportive	flashback, daughter at age of onset of abuse	debilitating depression	intake worker inquired	counseling
Corrie	counseling at ACOA to support sister	first boy born, flashback	debilitating depression, separation	counseling	counseling
Sara	unsupport. marriage, poor health, good job	professional training	debilitating depression	counseling	counseling, art, left work
Tuppence	pregnant, supportive marriage, mother ill	Oprah on T.V.	debilitating depression	counseling	counseling, healing centre, legal
Jac	sexual uncertainty, discussion with friend	friend asked	suicidal	self-help workshop	S.E. therapy
Les	disclosed abuse, supportive mother	school awareness program	life in chaos	counseling	counseling, legal
Jennifer	supportive husband, counsel. for depression	out of control flashback	debilitating anxiety, anorexia, drinking	counseling, husband	counseling, artwork, journaling
Kristie	counseling for work conflict	professional training	depression	counseling	counseling, groups, artwork
M.J.	supportive church community	therapist asked	overwhelmed, depressed	healing circle, Vagina Monologues	groups, writing, artwork
Connie	supportive relationship	grandfather charged CSA	depression, suicidal	fiancé	group, legal, friends
Sonshine	supportive marriage, pregnant	Phil Donahue show	hospitalized for depression	when hospitalized	Christian counseling, groups
M.C.	support at boarding school	neurologist, school administrator	suicide attempt	in hospital, counseling	volunteering, counseling, group

6.2 First story

Every woman in this research project told a story within a story, in the sense that she told a broader story of healing by describing events related to something other than the sexual abuse. This broader story of healing, (first story) has nested within it a story of more 'intense' or concentrated healing (second story). All but four of the research participants began this first story when they were reaching early adulthood, either in their mid- to late teens or early twenties. The remaining four women, Jane, Tuppence, Sonshine and Jennifer, began their first story in their mid-to late twenties to early thirties, at the beginning of their marriages and planning for, expecting or just having her first child. The following is a summary of each research participant and where her first story began.

Lisa always knew that she had been sexually abused as a child, but she did not think about it or talk about it. Her first story begins at the point in time when her children were apprehended because of her drug use. Like Lisa, Nel remembered being sexually abused throughout childhood. Nel's first story began when she was attending university, and while academically successful, she was having relationship problems, experiencing anxiety, and was cutting herself (self-harming) and she went to student counseling for support. Jane's first story of healing began when she married her second husband, who was very supportive, and Corrie's healing story began when, to support her sister, she went for Adult Children of Alcoholics counseling.

Sara's story began at a time when she was in a marriage that she did not find supportive, working at a job that she felt successful at and that she loved. Tuppence's story began when she was in a marriage that she described as very supportive, expecting their child. Both Tuppence and Sara were experiencing stress at the time. Tuppence believed her stress was related to her job and her mother, who had been diagnosed with a terminal illness. Sara was experiencing stress because of health problems, a marriage that was not strong and her father's health problems.

Jac's first story began with a discussion she had with a male friend when she was a young adult. She was trying to understand why she did not picture herself having any sexual activity with men, and if there was something wrong with her. Her friend asked her if anything had ever happened to her that might have caused that.

Les's broader story of healing, her first story, began at the same time as the first time she had the abuse named. She was in a supportive family, and the same day the sexual abuse was named for her, she disclosed to her mother, who was immediately supportive. Jennifer's story began when she was married to a husband that she describes as an amazing support, and she started counseling to deal with her self-esteem and depression.

Kristie's story began when she went for counseling because of work conflict with a coworker, and M.J. began her story as a twenty-year old left home to get away from an abusive relationship in her community. M.J. became involved with a Church that she experienced as welcoming, accepting and supportive. Connie's story began when she was an adult, going to University and in a supportive relationship with the man who was to become her fiancé.

Sonshine's story begins as a young married woman, pregnant with her first child. Like some of the others, the beginning of Sonshine's healing story began with the first time she named the abuse. M.C.'s story began in high school, when she went to boarding school, experienced a sense of safety and support, and saw the difference between the way that her family lived, and the way that other families were.

For all of the research participants except Lisa and Les, the broader story of healing began with an experience of developing or accessing some form of support not related to the sexual abuse. Les's broader story of healing, however, did begin with an experience of support in the sense that she already had it from her family, and Lisa had support in the sense that she had participated in detoxification programs for her addictions, that was related to the apprehension of her children, who she wanted to have with her again.

For all of the women their first story linked to the first naming. Outside of Les, the women were also experiencing stress in their lives, but did not recognize the stress as being the result of the sexual abuse. For several of the women, the support they found for the stress or for the issues they were facing was the support that they seemed to need to be able to name the sexual abuse.

6.3 First naming

For all fourteen of the research participants, the first naming was a process of recognizing and then signifying their memories as sexual abuse for the first time as adults. The process

of naming the sexual abuse is distinct from the process of disclosing that she was sexually abused. A disclosure is a process of telling someone else about the abuse, and can occur with or without naming. For example, a child or adult could describe incidents or behaviours, and not be aware that it is child sexual abuse they are describing. Naming is the process of the woman herself putting a title, or signifying visually or with words, 'child sexual abuse' to her experience(s), and does not necessarily entail telling someone else about it.

Following the beginning of her story, research participants described an experience of naming, either to themselves or to others, what they experienced as sexual abuse. This first naming was about the process of putting a signifier, 'child sexual abuse', on experiences that they felt somehow, but had not previously recognized, were sexual abuse. This was the actual naming, and understanding that what they remembered happening to them was called 'child sexual abuse'. Of the three women who remembered and were aware that they had been sexually abused, only Connie had the signifier 'child sexual abuse' provided when she was very young. Having the sexual abuse named for her as a child was a different part of the process than naming it for herself as a young adult. Jane had flashes of memory of being abused, which for her constituted a naming through her body, as described in chapter five, Naming and Memory.

Two of the participants, Sara and Kristie, both of whom had memories of being sexually abused, were in professional training sessions specifically focusing on working with children who were sexually abused, when they had what they described as an 'aha' moment of recognition that they themselves fit that definition, that what they experienced as children was sexual abuse.

Over a period of time, despite attending drug treatments, Lisa's drug use escalated until she found herself one day on the street, high, alone, and having flashbacks of being sexually abused. Lisa recognized then that even when she was using drugs, she was going to have the memories of being sexually abused. It was at this point that she realized that she had been sexually abused and that she could not hide from the memories, even when she was using drugs.

After a period of time, Nel was very slowly beginning to trust her counselor, and she reached a new period of anxiety. Although she felt it was risky, because she trusted her counselor, she allowed him to go through a PTSD (Post Traumatic Stress Disorder) list of symptoms and possible causes, with her saying 'yes' or 'no'. He asked about sexual abuse,

and she said ‘yes’, and he then went through possible abusers, including her brother, to which she responded ‘yes’. That was her first naming of the abuse.

When Jane’s youngest daughter, who resembles her, turned three years of age, Jane had flashbacks of being sexually abused at that age. She had no recollection before that time that she had been assaulted when she was three years old.

Corrie was told by a priest she trusted that she had been sexually abused by a man when she was younger. This was the first time she had a name for what had happened to her. However, this naming was complicated and incomplete, because at the time that she talked to the priest about the sexual abuse incident, she was a teenager and was being sexually abused, by both the priest she was talking to and by another priest. She was not able to name her abuse for many years as a result. Her first naming of the sexual abuse, once she was no longer being abused, was after she was married to a supportive husband, she had gone for counseling for A.C.O.A (Adult Children of Alcoholics), and her third child was born, her first boy. After his birth, she had memories of being sexual abused.

Sara attended an educational training workshop that included a session on working with children were sexually abused. At the workshop, Sara realized that what they were describing was what she had experienced, recognizing then that she was someone who had been sexually abused in childhood.

Tuppence was experiencing a number of stresses the year following her son’s birth. Her mother was diagnosed with a terminal illness, her brother was getting married and she did not want to be involved with his marriage but felt obligated to be. As a result, Tuppence was becoming depressed and began withdrawing from social activities. At one point during this time, she was watching a children’s advocacy lawyer on the Oprah Winfrey television show. The lawyer told Oprah that she had a choice in how she responded to her father, who had sexually abused her. This statement had a profound impact on Tuppence, who at that point became more fully aware that she had been sexually abused, and that she had a choice in how she responded to the impact it had on her.

When Jac’s friend asked her if something had happened to her that might make her uncomfortable with sex, she remembered one particular incident of sexual abuse from an uncle when she was a child, and told her friend about it. It was the first time she had thought about it as an adult, and that she had ever mentioned it.

Les's first story of naming occurred when she was in grade eleven, and one of Les's teachers provided an educational session to her class on child sexual abuse. Les experienced a moment of 'aha', realizing that was what she had experienced from her uncle. She disclosed to her mother immediately, and received support.

In a class Jennifer took, prior to moving, she did a paper on ritual abuse, which marks the beginning of her process of naming that she had been sexually abused, but the naming process for her was a long and difficult one. Following this time, Jennifer reached a point where she was not sleeping for days, had quit University, and stopped eating. She felt desperate and was willing to take a risk to find out why she was experiencing this. Her psychologist suggested hypnosis to Jennifer, which she agreed to. The second time she was hypnotized, her psychologist asked her if she had been sexually abused, and her reply was 'I don't know'. Because her husband was offered a job out of the country that week, Jennifer ended therapy. Her difficulties coping escalated to the point where her bulimia and anorexia were out of control, as were her drinking and spending. She had a memory of an incident that was extremely disturbing to her, of something she did when she was young, that led to her recognizing that she had been sexually abused.

Kristie had been working professionally for a number of years, and for six years in a row she attended a training program that educated on working with children who were sexually abused. The seventh year she attended that program, she remembers thinking to herself "hey, this is me!"

M.J. experienced depression when her mother went missing, and she was provided counseling. Her therapist asked about abuse, and for the first time she disclosed that she had been sexually abused as a child, and raped as a teenager.

Although as a child, Connie told an adult what was happening to her, and a few years later learned that what was happening to her was called sexual abuse from a television program, Connie was still experiencing sexual abuse. It was not until Connie learned that her grandfather had been sexually abusing her cousins that she recognized she too was a victim of child sexual abuse, and it was not until she was in a trusting relationship with her fiancé that she named the abuse for the first time.

Sonshine was watching the Phil Donahue show on television with her husband, before her son was born. It was a program on child sexual abuse, and she remembers turning to her husband and quietly saying 'that happened to me.'

For M.C., her first naming occurred when she was about fifteen years old. She had been having seizures, and was tested by a neurologist. When she and her parents met with the neurologist, he asked her if there was anything wrong, for example, was she being abused. She said she was not, because her father was present. It was at that time that she had some words for what she had been experiencing, without the knowledge of what that was. When M.C. finally went to boarding school, she received support from the school counselor and administrator and she made friends and visited them in their homes. M.C. understood more clearly that what she was experiencing at home was wrong, and she disclosed to the administrator at the boarding school.

For all of these women, some of whom were aware of the fact that they had been sexually abused, the first naming only occurred once she was no longer being sexually abused, and once she had in place the support she would need to accept the knowledge of the abuse. For Jennifer, the naming of the abuse was prolonged, perhaps because of the depth of trauma she experienced, because she had not had any memory of her entire childhood of sexual abuse by her father, abuse that did not end until she was in her late teens and that had escalated in violence until that time.

6.4 Crisis

Every woman, after the first naming of sexual abuse, experienced a point of crisis, some immediately following the first naming, and others years later. Some of the women experienced more than one point of crisis, but for those women, there was one point of crisis that was more significant than the others, and it is by their definition, the ‘biggest’ experience of crisis that is used as the point of reference. Some of the women attempted suicide, some experienced a physical and emotional breakdown of some kind, some felt their lives were at risk, or their marriages at stake, or that they were at risk of losing their children, if significant changes were not made. One of the participants described her experience as a ‘crash’, and another described herself as becoming like a ‘zombie’. Their experience was that they felt like they had nothing to lose, and everything to gain, by doing whatever they needed to do in order to heal from the abuse.

Lisa was hospitalized because of her drug use. While hospitalized, she was told that if she continued to use drugs, she would be dead in three months. It frightened Lisa to

realize how close she was to dying, and to think that her children would only know that their mother was a drug addict. She wanted to have her children back, and was afraid that if she did not change they might be vulnerable to abuse like she had been, and even split up from each other, something she did not want them to experience.

Nel learned that her parents had agreed to have her brother, the person who had sexually abused her, move back in to their home where she was still living as a university student. That weekend Nel attempted suicide, ending up in the emergency room of the hospital.

Jane was going for parenting support to deal with her younger two children, and found it helpful, but she continued to experience a depression that became debilitating to the point where she was unable to take care of herself never mind the children or the home.

Corrie had memories of being sexually abused when her third child was born, her first son. She felt that it was significant that she had the memories with his birth because he was a boy. After his birth, Corrie became depressed and had what she refers to as her biggest ‘crash’, leading her to stop breastfeeding before she felt that both she and her son were ready. She was unable to parent her children, stopped home schooling them, began using babysitters and went away from the home for periods of time. During that period, Corrie and her husband separated for six months. She was unable to cope, and had no place to go.

Following the workshop when Sara recognized that she had been sexually abused as a child, she got very ill, her father died, and problems continued with her marriage. She was experiencing stress, and became depressed to the point where she could not cope. She explained that she had so little energy that she had trouble deciding if she would find a way to eat that day, or if she would manage to get dressed. She could not do both.

Tuppence saw the television program where she recognized that she had a choice in how she responded to her brother, who had sexually abused her, shortly after her son’s birth, her mother’s death and her brother’s marriage. Tuppence went into a deeper depression, became unable to cope, and was referred for counseling to someone that she eventually learned to trust.

Jac went through a cycle of crises over a period of several years. While trying to keep her job, be a parent, and support her husband in his business, Jac became depressed to the point of being what she referred to as a ‘zombie’ for a month. She was unable to

accomplish anything but minimal tasks, barely able to care for her children or herself. Over the following few years, although she went to professionals to try to ‘fix’ her problem, Jac experienced the same thing, more seriously and for longer periods of time, until she became suicidal. At this point she felt like she entered a ‘black hole’ and when she collapsed, she experienced a sense of a ‘white light’ that she experienced as hope. She decided at that point that she needed to do whatever she could to do to get better, or she might not survive.

Les graduated from high school and, although she had gone for some counseling for being sexually abused, she ended it because of the tension she experienced with the child counseling services pushing her to report the abuse, and her mother’s distress at her doing that. Shortly after Les finished high school, she was raped and then immediately following that she and her friend were in a car accident, and her friend nearly died. Les was injured to the point where she was told she would not be able to play sports, or to have children. Following this, one of her cousins who had also been sexually abused by their uncle went into crisis and Les offered to help her, and had her cousin move in with her. Her life was chaotic, and she found she could not help her cousin, but through the process received a referral for counseling.

After Jennifer and her husband moved out of the country she became anorexic and bulimic, addicted to exercise, was drinking heavily and her spending was out of control. Then she had the memory from when she was a young teenager of something she did that she found extremely disturbing, and experienced anxiety to the point where she felt she was in danger, and could not be alone.

Kristie explained that during the her seventh CSA workshop, she finally realized that she had been sexually abused as a child, it ‘fell on me like a ton of bricks.’ She felt a physical impact immediately when she named the sexual abuse. Once she told her counselor, and had attended different groups, she became depressed and ‘hit bottom’ during that time. She reached a point during one of the groups she was attending, a group on emotions, and how they felt in her body. One of the three days, she threw up most of the day, as she experienced emotions for the first time since she had been abused.

It had been very difficult for M.J to deal with her mother’s disappearance, and she hit a point of crisis and collapsed when her mother’s body was found. As a result, M.J. was provided counseling. M.J.’s story is unique in that her healing process was interrupted

and her crisis prolonged when she experienced an additional traumatic event that unfolded over three years. She went to college, worked towards a diploma, experienced success, and grieved her mother's death the year following the discovery of her mother's body, and then to get a break from the experience, she and her husband along with their first child, experienced the second trauma.

Throughout this time, M.J. had her second child and then third child. She attended programs in the helping field, maintained involvement with faith organizations, and connected with the local Aboriginal community. Following this, M.J. and her family returned to her husband's rural community, and she hit another point of crisis for herself, feeling that her marriage was in jeopardy, that her responsibilities were too big for her, and that she had no control over her life. At this point, M.M. separated for a period of time from her husband.

Connie experienced a depression when the court case regarding her grandfather became public, when she was about sixteen years old. She tried to go for counseling, but did not find it helpful. She managed to cope on her own without support, but her depression continued to escalate over the next almost ten years, until she hit a point where she was considering suicide.

It was shortly after her daughter's birth that Sonshine became depressed to the point that she was unable to care for herself or her children. She went for counseling, had more memories emerge, including memories of being raped as a child, and was hospitalized on the psychiatric unit because she was suicidal.

M.C.'s crisis point was dramatic and particularly dangerous, an event that she barely survived. After one admission to the mental health unit of a hospital, she ran from the unit, and jumped from a bridge, causing multiple injuries and nearly killing herself.

Like M.J., Les had a unique story, but rather than a prolonged or interrupted point of crisis because of life events, Les seemed to have two significant points of crises, that led to a third point of naming and of healing. The second crisis and naming was focused on the rape she had experienced, although Les believes that the impact of the rape was mingled in with the impact of the child sexual abuse. It occurred when Les was on a trip with her family, when she was approached on two separate occasions and verbally abused by what appeared to her to be a prostitute and then a homeless person. She experienced a depression to the point that friends were needed to help with her children's care.

For all of the women, their point of crisis was the point in their lives that led to the recognition that they needed to make a decision, which was to take a risk in order to heal. This is similar to the popular literature on healing from child sexual abuse, as described in *The Courage To Heal*.⁴⁸ In this book, there is a stage described as the emergency stage. What is described as the 'emergency stage' is a point in time when the person's life is in turmoil, or crisis. In the restorying analysis, this period of crisis coincided with the point of the second naming. The crisis somehow established a sense of readiness for change, suggesting that there are some elements that may need to be in place for a woman before she is at a point of readiness to recognize and to address the childhood sexual abuse.

6.5 Second naming

The second naming refers to the events that occurred after the woman recognized that the sexual abuse was the cause of much of what she was struggling with, or that she needed to address no matter how difficult, in order to continue in her life. It was at this point that each woman made a deliberate decision to heal from the abuse, whatever it took. Five of the women, Lisa, Kristie, Sonshine, Corrie and Nel, experienced the second naming at the same time as their crisis. For all of the participants, the crisis precipitated the sense that what she was experiencing could not go on any longer. They felt that the risk of trusting, of telling, or of remembering the sexual abuse, was less than the risk of not doing those things, because it might mean the loss of their marriage, their children or their lives. Each woman made a commitment to change what needed to change, in order for them to experience healing. The process of recognizing that sexual abuse was affecting their lives, and that they were choosing to take charge of their healing process, signified for the women that they no longer would accept being passive about the way that they lived their lives. They were choosing to become their own agents of change.

With Lisa, it was when she was told by a doctor that if she went back to the streets using drugs she would die that she decided to herself that she had do whatever she could to overcome her addictions and to heal from the effects of the sexual abuse. In the hospital because of her suicide attempt, Nel told everyone but her parents about the sexual abuse, feeling like once she started, she could not stop. She named the sexual abuse as the problem not only to herself for the first time, but to almost everyone else.

When Jane was referred to the counseling service for an intake, she was asked if she had a history of sexual abuse. This was the first time Jane said out loud that she had been sexually abused as a child, and that it was a problem that she needed to address.

Corrie realized that her breakdown was related to her history of sexual abuse, and that in order to be able to parent her children and have a chance at saving her marriage, she needed to do what she could to heal.

Sara made an appointment with a counselor who she learned to trust, and who she told about having been sexually abused. The therapist asked her if she wanted to work on her marriage, or the sexual abuse, and Sara chose to work on the sexual abuse. She recognized that she had no choice but to work on herself, because if she stayed in the marriage, she would not have any energy left to care for herself.

When Tuppence experienced a depression to the point of being reclusive, although she began counseling, it took her eighteen months before she felt she could trust her counselor enough to say out loud for the first time, "I was sexually abused." She then focused deliberately on healing from the CSA. Following this, Tuppence began to have more memories of being abused by different members of her family.

It was when Jac became suicidal and was experiencing increasingly more debilitating panic attacks that she decided to continue in her search for healing. She attended numerous self-help workshops, that she found largely unhelpful and occasionally intrusive and harmful. It was following one of these workshops that Jac had a new memory of being sexually abused, at a younger age. She recognized at this point that she had been sexually abused as a child, and that she needed to heal from the effects of the sexual abuse.

Les explained that the injury from the car accident triggered memories of being sexually abused. She realized that she needed support to address the sexual abuse and was referred to a therapist who she found to be very helpful, and who supported her in confronting her uncle and her family about the abuse.

When Jennifer had the memory that she found so disturbing, she went home, called her husband at work, and when he came home, she told him about the memory, and that she thought the therapist was right, that she was sexually abused as a child, and that she needed to do something about it.

In therapy, Kristie spent time with her therapist determining what child sexual abuse was, and if she really had been sexually abused as a child. It was at this point that she

became clear that she had been sexually abused and she made a contract with the therapist to work on healing from the abuse.

M.J. felt she desperately needed something for support, and she began to attend a women's healing circle where, after some time of building up her confidence, she shared that she had been sexually abused and raped.

Shortly after Connie became suicidal, she explained that she met her fiancé, who she learned to trust and who supported, accepted and cared for her. She disclosed to him that she had been sexually abused, and he believed her and supported her. Connie recognized that her depression was the result of having been sexually abused, and that if she wanted to have a healthy marriage, and to raise a family, she needed to find a way to deal with the impacts of having been sexually abused.

It was when Sonshine was hospitalized that she recognized that her life and that of her children and her husband was being affected by the abuse, and understood that it was something she needed to heal from. It was at this time that she had her first spiritual vision, and trusted her faith to lead her healing process.

M.C. realized after the suicide attempt that nearly killed her that she needed support. Because of the professionals that she was connected to after the suicide attempt, she received a diagnosis of Dissociative Identity Disorder, which she found to be very helpful in that it explained much of what she had been experiencing, and that it provided access to support. She recognized that there were impacts of the sexual abuse that she needed to address, including triggers and learning to live with D.I.D.

6.6 Second story

Following the crisis that led to the second naming, when the women chose to take charge of their healing process, came the second story. The second story is the story of a more intense and deliberate healing process, with the woman focusing on the sexual abuse and the impact it had on her, and choosing to make changes. This is the part of the story where her focus is on healing, which included actively seeking out counseling or groups; exploring health care alternatives; and reading extensively about sexual abuse and the healing process. For some of the women, this period covered about two years, for others it covered ten years. For some of the women, it was a period of 'recovering' more memories,

for others it included being diagnosed with Dissociative Identity Disorder. Some women had more periods of crisis, and other women followed a fairly linear process of individual counseling, personal growth, and behavioural insights and change. This period continued to the end of her story, which for every research participant, brought her to the present day, or the day of the second interview.

After she was released from the hospital, Lisa went to another drug detoxification program. This time, for the first time, she attended a sweat, where she cried and made peace with her grandfather, one of the men who abused her. While she was at the sweat, she also learned to pray, and found the cultural healing of a sweat helped her. Upon release from the detoxification program, Lisa went directly to a healing centre to get support to address her history of sexual abuse. Lisa believes that her healing journey really began when she went to the healing centre, because she went there deliberately to heal. That is where she began to actively seek out and to use support for herself.

Before Nel left the hospital, the psychiatrist she met there intervened, resulting in her moving in with her grandparents and finding nutritional support to deal with her eating disorder. Nel went back to the counselor she trusted and for the first time talked openly with him about the sexual abuse. When Nel moved in with her grandparents, she had already gained the support of her supervisor and the counselor. It was at this point that she chose to address the memories and effects of the sexual abuse.

Jane's story of healing began when Jane told the intake worker that she did have a history of sexual abuse, resulting in Jane going for counseling as well joining a sexual abuse therapy group. Corrie started the more intense part of her healing process, the second story, when she began therapy for the sexual abuse, and over the next several years, more crashes and depressions, much therapy and two more children, she feels she has experienced many changes.

When Sara met with the counselor for the first time, she decided with the counselor to work on healing from having been sexually abused in childhood, beginning Sara's second story of healing. Over the years Sara had more memories of being abused, experienced illness, and continued to seek support for her healing process. Tuppen's second story, the story of active healing, began about the same time as her second naming, with the referral to her first counselor, who she felt was a good one for her. She continued trust first this, and then another counselor, to volunteer as a public speaker on sexual abuse and the

impacts, and then volunteering, which led to her working part-time.

Following the experience that Jac had remembering a second incident of being sexually abused, she continued to search for the kind of therapeutic intervention that would help her, and she learned about a therapeutic approach called Somatic Experience (S.E.). Jac found this approach to be very helpful, and she began to feel hopeful and successful with her healing process.

Les's second story began with finding a therapist who she found to be very helpful, and she made the decision to deal directly with the man who had raped her, and was supported through the process. This was her final 'naming' as well as 'telling', as she described to the man who had assaulted her what he had done to her and how it had affected her life.

Jennifer traveled to her home city, and saw her therapist almost every day for three weeks. Shortly after that, she and her husband returned to live in their home city, and she continued therapy, to experience challenges and to begin to live her life more fully, including having her first baby.

After disclosing to her therapist that she had been sexually abused, Kristie chose to work on the sexual abuse in therapy, by going to groups and writing and art work. M.J. was supported by the administrator of the community centre that ran the healing circles to take on more responsibility, and M.J. began to develop her voice. M.J. experienced some learning opportunities, including attending the Vagina Monologues, which had an impact on her. She took on more responsibility and learned to trust both others and herself through the process. She decided to make changes in her family, becoming more fully responsible for her self and her children, moving away, learning to budget and returning to University.

When Connie made the decision to heal, she attended a therapeutic group for women who had been sexually abused, and she continued to experience the support and acceptance from her fiancé and his friends and family.

Sonshine found counseling that fit with her Christian perspective, she attended groups, and found support. Through this process, Sonshine was diagnosed with Dissociative Identity Disorder, and she eventually found a D.I.D. group to attend for support and healing. The process of having memories of multiple abusers over her entire childhood was layered over several years of receiving counseling and support, and having more memories. Having the Dissociative Identity Disorder diagnosed was very helpful for Sonshine to understand

much of what she was experiencing, and was something she found very helpful in her healing process.

M.C. also found the diagnosis of Dissociative Identity Disorder (D.I.D) a relief, for the same reason as Sonshine. She explained that now she understands why she has certain behaviours, and she can manage her life now that she understands her self better. Upon hospitalization that resulted from her suicide attempt, M.C. received medical care and was diagnosed with D.I.D. A volunteer from the healing centre who M.C. had learned to trust, was in contact with M.C.'s mother, and M.C. and her mother renewed their relationship. M.C. continued to receive medical and psychiatric care. She understood and was in a position to work at healing from the effects of the sexual abuse, and over the next number of years became involved in the arts, in therapy groups, and in her community. She entered into a relationship, and found a job she loved. At the time of the last interview, M.C. was in a long-term committed relationship, regular contact with her mother, and involved in the community in a number of activities.

6.7 Telling

Woven throughout the four parts of the process that emerged from the women's stories, as delineated above, was the 'telling' about her abuse. Every woman described at least one period of time when they told someone about the actual incidents of sexual abuse. Telling about the abuse included disclosing details of the abuse events to therapists or counselors, partners, or other women, for example in healing circles, and in two cases, directly to the abusers. For some, their experiences were told visibly through her body. Two women laid charges, describing the details of the abuse they experienced to the police. Jennifer told her abuser about the abuse he did to her by mailing him graphic artwork depicting some of the incidents of abuse.

Both Corrie and M.J. were deliberate in their decision not to tell another person many of the details of the abuse they experienced, but they went through a process of telling about the abuse to others in some way. For example, M.J. chose to participate in this research project as a way of telling her story of abuse. She explained that it was not until she participated in this research project that she has told those details of her story. Corrie's telling came through a therapeutic process that identifies the experiences of abuse

as they are contained in her body to her therapists.

Lisa chose to write the details of the abuse she experienced in a journal and told of her abuse and the effects it had on her in Elder facilitated sharing circles.

For some of the women telling included speaking up publicly about what happened to them as a way of educating the wider community on the issue. For example, Tuppencc attended public presentations about child sexual abuse over a period of a few years where she disclosed that she had been sexually abused, and what the impact was on her life. She was very clear that in any telling, she would not give any details of the abuse, but rather talked about the effects on her, and her healing process. For other women telling included their families, for example Jane took six months to tell her mother about the abuse; Kristie told her parents and clearly stated how she needed them to support her; and Connie told her family when she decided to take the man who abused her to court and found she was supported in a way she had never imagined.

The women's bodies were a part of the process of naming and telling about the sexual abuse as well. For example, several of the women experienced depression to the point of not being able to cope at all; Tuppencc had marks show up on her body that reflected experiences she had when she was abused as a small girl; Les and Jane had full body memories of being assaulted; and Kristie threw up for a full day, every time she accessed the emotions she had ignored that resulted from the abuse.

When Nel moved in with her grandparents she 'told' about parts of the abuse she experienced to her counselor, something that she found extremely difficult. Of her move to a new city, she said "I saw someone here again in [city] just like a psychiatrist. So again, my ability to tell the story is becoming more, you know I can come in and tell him right, no hiding around."

The research participants also 'told' about their abuse in groups, for example Jane experienced support and healing within the group, where she talked publicly about her abuse for the first time, Sonshine talked about her abuse in her D.I.D. group, and Kristie talked about her abuse for the first time in public to a group she was attending for domestic violence.

Jac began trusting her therapists and she explored her body's responses and triggers. She was telling her story through her body, to the therapists and the people in her groups. It was through S.E. therapy that Jac learned that she had a choice, that she became aware

of herself, and that she began to find peace, like she had found in the white light years earlier. It was then that she was finally able to tell her mother, and to talk about the sexual abuse.

Jennifer had difficulty talking about the abuse, and while she told her therapist about the abuse, and shared her most painful memories with her husband, she also told about the abuse by writing in journals and doing artwork, sending one of her pieces of art that clearly depicts a memory of her being abused, to her father by registered mail.

The legal process was very important to some of the research participants as a way of telling. Tuppence explained that one of the most significant parts of her healing process was when she reported the sexual abuse by her brother to the police, to initiate an investigation. An important part of this process of telling included telling her father she was going to report her brother. Her father's eventual support of her decision to do this, despite his discomfort with it, was important to Tuppence. Connie chose to go to the police to file a report about the abuse to try to have the man who abused her charged. Because she was filing a report, she had to disclose the abuse to her family, who supported her. Two women told their abusers directly, Les with a reconciliation process she called collaborative law, and Lisa through participating as a witness at court proceedings for her uncle.

The women described the process of telling becoming a process of holding the person who abused them responsible and in some cases, accountable. In telling about the abuse, they were able to say 'he did this to me' to themselves and to others. This led to a recognition that it was done to them, and that they were not responsible for it happening to them.

6.8 Complicity of the narrator

In the telling of these stories of healing, and in the analysis and publication of them, I become complicit in creating a narrative of healing from child sexual abuse that constitutes women who were sexually abused in a particular way. By delineating the research participants as women who were sexually abused as children, they are inherently positioned as 'other'. I am also, by articulating a pattern of healing, creating a narrative of healing that may eventually become prescribed.

While a pattern was found in the women's stories of healing, there is a danger in articulating it. The points of transition are about moments in women's lives that are unique to each woman. Patterns can become perceived as rigid processes that end up becoming prescribed. Once life events become prescribed, they can no longer be a part of an organic living and unique story, and the very elements that build to the transition points may be dismissed. The points of transition are significant in that every research participant experienced them, but what is equally significant is the consistency of themes and, underlying those, the daily life events, that both preceded the points of transition and that were woven through the overall process of healing. If the transition points in the healing process become prescribed, then the individual, social and political context is removed.

It is important to recognize that by restorying, I am complicit in delineating the experience of healing in a new way, one that could possibly be used to formalize and predict rather than to understand. I extend an invitation to you, as the reader, to join me in being mindful of your own response to how women who have been sexually abused are constituted as 'other', and to be aware of the individual, social and political context when considering the pattern of healing.

6.9 Summary

I have memories but they're not always in time. [Nel]

In considering the stories as they were told, it was not clear what the chronological order of events was, and if the sequence of their stories was relevant to the healing process. With this question in mind, each narrative was reconstructed, or restoried chronologically. When restoried, a pattern of healing emerged that was common to all of the research participant's narratives. This pattern included two stories of healing; two events of naming; one point of crisis; and a period of telling about the abuse. The sequence for these points of transition is as follows: first story; first naming; crisis; second naming; second story; telling. For some of the women, telling did not occur discretely at the end of this process, but rather was woven throughout their stories. All of the women's stories were layered with the process of trusting and taking risk, as described in the section on themes, prior to and following the point of crisis.

When restoried chronologically, the stories of healing all began with a wider story of incidents, a ‘first’ story that led to the ‘second’ story, which was a period of intense, focused and deliberate healing from the sexual abuse. Included in the wider story of healing, there were two significant points of ‘naming’, or identifying, the events as sexual abuse, and one significant point of crisis or challenge.

The first story included key events that led to naming the abuse for the first time as an initial memory or initial articulation of what occurred as sexual abuse, and to the building of supports needed in order to be able to negotiate the naming, the crisis, and the beginning of the second layer of the story, the more intense healing work itself.

For each of these women, there were supports that were in place following the beginning of her story and prior to her crisis that she used in order to negotiate the crisis and then the second part of the healing story. Prior to naming the sexual abuse for the first time, she somehow accessed support of some kind, not related to the sexual abuse. This support included either a counselor or therapist, or for several of the research participants, a partner. This support became a relationship that was built on unconditional regard and support for her, and was from someone she learned to trust. For all of the women their first story linked to the first naming. The pattern that emerged was that one or more issues presented, for example intimate partner violence, a general depression, addictions, or parenting issues, that she found support to deal with.

In other words, it was cumulative life events based on trusting relationships that led the participants through a healing process. The life events, such as childbirth, death of a parent, or admission to a psychiatric unit, attempted suicide, or incarceration of a family member, triggered a series of events that led to the support and the opening of doors that later made it possible to heal.

CHAPTER 7

BODY

**Fee fi fo she smells his body
She smells his body
And it makes her sick to her mind
He has got so much to answer for
To answer for, To ruin a child's mind¹**

The significance of the women's stories in relation to the body is such that a distinct chapter is dedicated to more fully presenting the findings. In quoting these lyrics from the song by the Cranberries, I begin this chapter where the research participant's stories began, with their bodies when they were young girls, some just infants. It was a girl's body that was violated when she was sexually abused, and it is a woman's body that continues to experience the impact of the violation. But the literature suggests a contradiction, reflected in these lyrics. The words "she smells his body. And it makes her sick to her mind," articulate a dichotomy of mind and body by, paradoxically, recognizing that there is no division between body and mind. Her mind is sick in the way that a smell can make a stomach heave. Included in what has been written about the impact of child sexual abuse on women are physical symptoms, psychological problems, behavioural disturbances, emotional problems, and perceptual distortions. The body is implicated in the act of sexual abuse, but it is not only the physical body that experiences the violation. It is the thinking, feeling, experiencing, acting, perceiving, living, body or self that is implicated.

In this discussion on the body, I reflect on the process of a body remembering and forgetting, as described by Casey.⁸ References to the self, soul, or body include the material, thinking, perceiving, acting and feeling self unless stated otherwise. By understanding the body as non-unitary subjective self, the complex process of remembering, forgetting, mem-

¹©1999 Island Records Inc. From the lyrics of 'Fee fi fo', a song by The Cranberries from the album 'Bury the Hatchet'. Lyrics by: Dolores O'Riordan. Music: Dolores O'Riordan & Noel Hogan. The complete lyrics are included at the end of this chapter.

ory and naming can be understood in a manner that does not dichotomize and therefore exclude important dimensions of the body, as described by Benthien:

In the nineteenth century, knowledge was divided into the humanities and the sciences, and the body was unquestioningly classified as a part of nature, to be studied by the sciences. The time has now come to reverse this split and to ask about the dimensions that have been excluded by the purely physiological view of the body.⁶⁰

The sexual abuse was a violation of the body that took place in a physical or material, manner. In the process of violating a material body, the sexual abuse was also a violation of each woman's self, her individual, social, and political body. In this discussion of the body, I consider the findings in light of Lock and Scheper-Hughes's three bodies, the personal, social and political bodies.¹⁹ Discussions of memory will be made in light of Casey's phenomenological study of remembering.⁸ I use the word self and soul interchangeably to indicate the subjective, thinking, feeling, characted self, as described by Hacking.⁷ In the discussion on memory, I consider an interplay or interaction between the body and the self. The point is not to dichotomize mind and body, but rather to recognize the non-unitary nature of the self in order to understand the dynamic of embodiment and healing as reflected in the women's stories.

The women in this research project recognized that they had been sexually abused in many different ways, but for every one of them, the abuse was named through, by or in their bodies. In other words, it was their bodies that in some way, facilitated awareness of having been sexually abused in childhood.

7.1 Body Memory

Casey describes a 'body memory' as different than memories of the body:

Body memory alludes to memory that is intrinsic to the body, to its own ways of remembering: how we remember in and by and through the body. Memory of the body refers to those manifold manners whereby we remember the body as the accusative object of our awareness, whether in reminiscence or recognition, in reminding or recollection, or in still other ways.⁸

After watching a television program that discussed child sexual abuse, Sonshine described memories 'coming out,' feelings 'coming to the surface,' and the abuse 'coming out' in a way that reflects Casey's definition of body memory:

So the (memory of the) molesting came out and then I just kind of let that go but I found that I was angrier a lot, you know, and just all of the, all of these feelings obviously were coming to the surface and it wasn't until after my daughter was born then that more abuse started coming out.

By having the memory come out, her body was informing her of the child sexual abuse. She was informed of the abuse by experiencing the anger and other feelings related to the abuse. The birth of her daughter acted as a reminder of the sexual abuse. The occurrence of memories of abuse following the birth of a child, particularly a child of the same sex, or when a daughter reaches the age she was at the time of onset of abuse, is a recognized occurrence for women who have been sexually abused in childhood. This is an example of what Casey describes as 'reminders,' or instances of memory that direct us to "that which we might otherwise forget."⁸

Nel's story provides a different example of body memories. Through her childhood and adolescence, Nel had frequent nightmares and behaviours such as cutting. Nel had disclosed the abuse to a counselor and, feeling she was doing better, ended counseling. But she went into what she refers to as a rapid decline, and believes now that she was trying to 'starve it (the abuse) out of herself', by becoming anorexic and then bulimic. She explained that as she became more conscious of having been sexually abused

it was really in my mind all the time ... where before I was very successful and able to keep it down here (pointing to her stomach) and now it was just sort of like 'whoo-ooo' and not having that weekly outlet (counseling). It just, I guess I was just going to starve it (the memories) out of myself.

As her anorexia and then bulimia escalated, she stopped cutting, and stopped having nightmares, explaining "something I was in control of in the beginning, I started becoming very out of control ... I'd sort of opened this pandora's box of memories, and it just, without that support, was too much for me."

Nel could 'keep it pushed down' before (in her stomach), but her stomach spoke, in a way that she could not stop thinking about it. Her body 'told' her about the abuse, making the presence of the abuse in her body visible. As a way of trying to manage, she believes she was trying to 'starve it out of her' as a way of resisting the knowledge of the abuse, and as a result she developed anorexia. Her body spoke again, and continued to speak as her anorexia got out of control and, as she said, opened a pandora's box of memories. She needed support in order to safely deal with the memories and thoughts of abuse, and her

body spoke to her until she found that support.

Becoming conscious of the sexual abuse was her body's way of informing her. Nel understood the abuse as being pushed down into her stomach, and the anorexia and the bulimia became ways of getting the abuse 'out of her' when she no longer had talk therapy in counseling to do that.

Research participants described being embarrassed of, or uncomfortable with, their bodies. Nel described experiencing discomfort in her body even when she was young, during gym class. She remembers being very uncomfortable with changing, and with nakedness, and not knowing why.

What I really hated is my kindergarten had, and that would have been around the age that it started (the sexual abuse) ... And swimming, and you'd go in and people are undressing, and I think it was at the Y, and I remember being very uncomfortable about that. And I think I'm still very uncomfortable with other people's nakedness. And my own, too. I was sort of the person who would learn to change (acts out changing under her clothing) underneath other clothes so I'd have like a big shirt and then I could be very skilled at changing completely my outfit, like, still underneath. Well yea, and then going in and saying "oh I have to go to the bathroom" and then changing when I'm in there. Sort of thing. In gym class, you know. And all of that. And that's something that I've become more aware of I'd say in the last few years. I don't think, I mean I knew that I didn't like that, but obviously I had no connections with why.

7.2 Interplay of body and self

This part of Nels story exemplifies the interplay within her body, with her self (body) informing her self (subjective self), and the shift in her understanding that occurred as a result. This shift in knowing from her body, her physical self, to her subjective adult self enabled a revisiting of her memories of being sexually abused in childhood, as an adult. As an adult, Nel remembers her discomfort and understands what her body was saying. This is an example of memory through recognition, as described by Casey. She understands now that she was uncomfortable with her body because she was being sexually abused. In recognizing this, she is revisiting the embodied knowledge with a new way of understanding her experience, a way of understanding that reconciles her body's response with her adult understanding of what was happening at the time. With an understanding of how child sexual abuse is understood socially, including the impact of CSA on children,

she has a new way of understanding her 'self,' as someone who had a natural reaction to a hurtful situation. In understanding herself in this new way, she is reclaiming her 'self'. This shift exemplifies an internal interplay between the individual body, the social body, and the body politic. Nel's subjective recognition of 'self' is re-interpreted through a new recognition, of her body as culturally viewed. Nel also challenged the body politic, by recognizing that it is not her that is wrong, but rather it is what was done to her that was wrong. There was a regulatory process acting on her when she was sexually abused, one that worked to control her body. She interrupted this process when she recognized that the acts of sexual abuse were underlying her discomfort with her body, the anorexia and bulimia, and the self-harming actions like cutting her self.

Jac's story provides an example of the process of the body informing her, experiencing dissonance within her 'self,' and reclaiming her body by disrupting embodied knowledge. As an adult Jac paid attention to her body's responses when exploring a new memory of being sexually abused. While exploring one memory by listening to her body, she was reminded (in her body) of another memory. She felt the new memory in her body as she had at the time of the abuse.

I don't remember the details, I just know that I was alone with him in the house and I went and hid in the basement and, and I was hiding and I could hear his voice saying "There's no place to go. I'm gonna find you" and there's no one else here, and hearing, and the steps stay really strong in my body. And he eventually found me and I fainted from lack of breathing. I was holding my breath and things like that so, and it's interesting because for the longest time, even today, if I'm half asleep in my bed and my husband walks in the hallway, my heart starts to beat fast and I always thought, you know, rationalized it "Oh that must be because I'm excited because he's coming to bed" or something like that. I never made the link until that (second memory of) sexual abuse showed up that, even today when I'm asleep, if someone walks in the hallway towards the bedroom my heart starts to pound. So it's memory that is in my genes and in my nervous system that just gets triggered and goes. So that kind of gave me an education on how the body remembers and has a system to warn you. And that sexual abuse is not finished with.

As an adult she could feel the depth of the imprint of the sexual abuse, reflecting an intersection of her material self, her subjective self, and her social and political selves. By using somatic experience therapy² and listening to her body, she became aware of both the

²Somatic Experience Therapy is a therapeutic approach to resolving trauma based on exercises designed to release trauma residing in the body.⁷²

abuse experience, her reactions today, and the imprint of ownership on and in her body. She recognized her social body when she understood how she had seen her reactions as a reaction to her husband going to bed, and her political body was evident when she was able to feel the imprint of the abuser's actions on and in her body. She was able to feel the incongruence of how she had been living in her body, and recognized that she could choose to understand her body's response in a different way. As a result she could make a choice.

When Jac had the second memory, she felt the physical and emotional reaction in her body, and how it related to her physical and emotional reaction as an adult when she hears someone walking in the hallway towards her bedroom.

That (the first remembered sexual abuse) happened in the bush, you know. No wonder I get really anxious when I go in the bush. You know, it kind of started to explain a lot of my behavior. When I go in the forest I always make sure I'm with someone that knows the way.

When she made the connection between her behaviour as an adult to the abuse that she experienced as a child, she then recalled and understood better some of the other reactions she experiences as an adult, as a result of the abuse, such as why she feels panicked if she is alone in the bush. Jac understood her social self differently, an understanding that reconciled her knowledge of her individual self with her behaviours, disrupting the previously embodied knowledge, and therefore the regulation of her body, her body politic.

The awareness of the abuse and her reaction at the time facilitated an understanding of things she had done that would be construed as erratic, or diagnosed as mental health concerns, which is a form of body regulation and surveillance, the body politic. The body politic, for example through a mental health diagnosis, attributes responsibility for the problem to the person. If she is diagnosed with a depression, she is the problem. With a different explanation for her behaviour, one that locates the problem (CSA) as outside of her self, she is now able to understand herself differently. The individual self is no longer experienced in that way as a problem, or as wrong. As a result, she was able to make choices in her behaviour, for two reasons. First, she realizes that the threat that was experienced at the time, and that she continued to experience because it was in her body, is no longer present, and second, she understands why she has certain physiological reactions or behaviours now that she had previously thought were irrational. This is an example of the disruption of the embodied messages such as 'you are crazy', or 'you

have a problem'(body politic), and 'the abuse is secret', 'it never happened' (social body). With the labeling of the behaviours as problematic or diagnostic, such as a mental health disorder, the body politic is a body that is regulated and watched. The silencing of her body, through dismissal or by disregarding her experience, ensures that her place in the social order is constituted as invisible and therefore with little power.

Like Jac, the bulk of Corrie's story included Somatic Energy (S.E.) therapy. Corrie explained:

it's about where do you feel it (the trauma) in your body. An S.E. therapist would say, "where do you feel that fear in your body?" Well, and so, me I close my eyes, because I can't really focus, so I'd say well, "I feel it in my chest." Well, "does it have a colour?" and, you know, "how would you describe it?"

She was learning to listen to her body and to recognize her material self in relation to the social context. Corrie explained that this approach helped her to 'get back into' her body, as if she had been living outside of it:

So, for instance I had therapy yesterday, and I said, "where do you feel it?" I sort of feel a clump of peanut butter stuck in my stomach. So, you know, it's about finding out where it is in your body, and sometimes the therapist will say "what colour is it," and sometimes not. Sometimes you could do something with it, sometimes it's just there, like you just sit with it. You could say "who would you have liked to help you at that time," you know. It's about connecting, and to me that's been a big part of the healing process, is getting back into my body. And what does my body feel like, and where do I feel the stress. It's about just being more aware of my body.

Corrie has been living in response to the social messages she heard. The experience of therapy enabled her to explore and then to live in, her body, and contrast the embodied experience with the experience of being 'outside' of her body. "S.E. is about just dipping in and dipping out, not staying and getting stuck in there." Corrie was describing what appears to be a practice of 'dipping in and dipping out' of her body. She was learning to control her exploration of her body's experience and the social meaning of her perception of the experience. In this process, Corrie was reclaiming her body as her own by living 'in' her self rather than 'outside' of her self. She is 'going in' to listen to her body and then going out to experience herself in the social world. By disrupting the politics that say she has no say over her body, and therefore over her self, she is choosing her own messages and as a result, she is finding congruence, or peace, with her self.

Sara talked about exploring the relationship between the sexual abuse and emotional responses of anger, fear and terror that she held in her body by using a therapeutic approach, ‘bodywork,’ that, like S.E., focuses on the body and the body’s responses. She found it to be one of the most important parts of her healing process.

Talking about it (the sexual abuse) was crucial, yes, but it was like I had stored a lot of the trauma in my tissues. You know. It was just all over inside and we did work and it was a group of us, we would some work and when it was my turn I, you know, something was coming up, something was surfacing and lots of times it was anger, rage, you know. It wasn’t anger, it was rage and the bodywork would involve maybe kicking this, you know, this foam cushion that, you know, it was help. Like it was all designed so that you don’t hurt yourself in any way. You don’t hurt anyone else but that, all that emotion comes out then goes into, like into that foam cushion.

Sara said that ‘talking about it (the sexual abuse) was crucial,’ and while she found talk therapy helpful, it did not address the trauma in her body. The talk therapy, however, facilitated her ability to do the bodywork because through the talk therapy she experienced support, and safety and was able to experience trust.

Sara discussed the relationship of her body with a number of specific physical reactions to the experiences of abuse.

I had one, one counselor who did a lot of work with me that way and he would say like you know there was a constriction in my throat or just everything was really, really tight in here and so he’d say to me “Okay. Is there something you just can’t swallow?” and I would need to explore that question a little bit and yah, there was, or is there, you know, I would, I would be very upset in my, like an upset stomach like feeling physically sick to my stomach and he would say “Is there something you just can’t stomach?” and invariably he was right, you know, so often my physical problems were directly related to (the sexual abuse). Like if I could figure out what was, you know, what was it that I couldn’t swallow or what was it that I couldn’t stomach then the stomach ache went away and the throat would loosen up. You know, it was almost a magical thing.

Sara correlates specific instances of abuse with specific medical conditions, examples of how her body is informing her, and the world, about the treatment her body received as a child.

A number of years ago I was diagnosed with pulsed colitis³ And I believe that that condition has manifested itself because of, of my being raped anally. I had

³An inflammatory bowel disease that affects the gastrointestinal tract.

to see a specialist like immediately and then again it's cleared up and it's, it's, there have been no sign of bleeding again for quite some time but there's some sort of an emotional link, I'm sure of it . . . And the one when I was eight, that was when I was raped, that was also the time when I needed to start wearing glasses and I had my vision got progressively worse over the years.

Sara feels that the physical problems were her body informing her of the abuse, an example of the social body. The body represents an illness in society, the sexual abuse of children. For Sara, the knowledge of sexual abuse in her body was facilitating dissonance and disruption in the sense that she was reinterpreting her illnesses as her body's way of naming the violence that it had experienced.

Like Corrie, Sara was exploring her body's experience and knowledge and checking it with the social meaning of her experience. She understood her body's response in light of the violence done to her, and was reclaiming her knowledge of her body. She was shifting the way the three bodies worked together in childhood to a new way of being as an adult. With the emphasis on understanding her body's experience and knowledge, she was shifting the body balance from the social and political bodies to a more negotiated interplay between the three bodies.

Along with Tuppence's restored memories of sexual abuse, came what she referred to as a 'body shift', an example of her material body informing her subjective self of the abuse in a way that allowed her to name it as sexual abuse. As an adult, Tuppence gets bruises that are the result of abuse that occurred to her when she was a child. She now believes and accepts that she was abused in the way that she remembers, because her body continues to inform her of the abuse with bruising and marking that shows up on her body today. As an adult, Tuppence habitually pokes bruises to see if they are from a recent injury, or a body memory from being abused as a child. This is a form of memory that Casey does not include in his description of body memory. Tuppence still struggles with believing that she has been abused, but she recognizes the 'truth' of her experience because of her body reaction. She has learned to trust her body to tell her the truth of her experience.

With it (naming the sexual abuse) came a body shift . . . Bruises that weren't bruises. Pain from nothing, nothing that happened in the now. I would get marks like that (shows her hand on her arm, and the marks it leaves). And I'd look at them and go "well, fuck. Stigmata. How cool is that." That's why actually I'm a bruise poker. If it doesn't hurt it didn't happen (in the 'now'). And that's why I poke bruises.

Although she was startled when this first started occurring, she has accepted the body memories as a normal part of her life today. Tuppence has found a way to reconcile the story of the impact of the abuse she experienced, by understanding what she refers to as ‘stigmata’ as ‘cool’ and the result of having been sexually abused, rather than as a result of her being ‘crazy’. She is disrupting the knowledge of her being the problem and shifting it to the acts of violation done to her as being the problem. She, like the other women in the research project, is redefining the boundary of her self from the personal and structural acts that violated her. The three bodies are readjusting to the strengthening of the individual body.

Tuppence’s skin is a signifier, a boundary, a protection, and a material means to reality check. Her skin acts as a signifier of the sexual abuse when bruises emerge from hurts experienced more than thirty years earlier. Her skin is the a boundary that separates her ‘self’ of today that is experienced by others, and her self as experienced by herself. She wore a sign that said ‘don’t touch me’ when she first began going out into public after she recognized that she had been sexually abused, and had experienced a depression, clearly marking a boundary between the public and the private self, or clearly marking between her subjective self, the soul, and the social and political worlds.

Kristie explained that she coped with the sexual abuse by not being in touch with her physical, subjective self. Her body was a machine, and it served the community efficiently and productively, an example of the social body. “I didn’t know what feeling was. I was pretty numb in my world.” Kristie dismissed her body, a response that she believes was a constructive way of coping for her, because it enabled her to be successful in her career, despite the years of sexual abuse. “Being a more logical head person, that has saved me and my world has been my head, not in my heart by any means.” Kristie ‘knew’ that it was dangerous to listen to her body. She was numb because she was not ready for what her body would tell her.

7.3 The Resisting and Reclaimed Body

Once she had named the abuse, Kristie described the physical reaction she had when she was addressing her emotions about the abuse. She had attended as many groups as she could get in to, and

probably one of the hardest things was the *Weekend of Feelings* at Mental Health. One day of sadness, one day of anger and one day of fear. And the day we did either anger or fear I puked the whole day. I threw up the whole day from here (gesturing to her lower abdomen). So everything I'd swallowed down, like I scared the shit out of a lot of people but everything I had swallowed down I threw up, just that wretchedness. And even now I know if something's not right. It's the first thing I think of and I, you know. During my healing too I'd throw up almost every morning in the bathtub. Right? 'Cause it was just letting go. Something's not right. It's still my first reaction, right? Wasn't bulimic or anything. It was just, I had swallowed it down for ever and ever and ever and ever . . . It was probably the biggest transition of my life though.

Kristie felt that her body was throwing up the abuse, purging her body of the experience. She was no longer numb, and as a result she experienced her individual self in a way that made it possible to feel the impact of the sexual abuse on her. When she began to feel, she felt that something was not right. The intersection of her individual self, one that she had been numb to previously, and her social self, a self that had her working like a machine, numb, silenced and vulnerable, was felt in her body. She had swallowed the messages from the abuse, the violation and the shame, 'down forever and ever'. The nausea was her way of dislodging the embodied experience and knowledge of the sexual abuse from her body.

Kristie was resisting the embodied experiences and knowledge by ridding itself of the transgressions done to it, re-establishing her body boundary between her individual self and her social self, on her terms. She continues to redefine this boundary by checking her body's reaction. Kristie stated "even now I know if something's not right," because when something is not right, she feels nauseous. She has rid her body of the claims made on it through the acts of sexual abuse, and she has reclaimed her body as her own.

Kristie talked about her changing self-image that evolved as she went through her 'healing process'. She explained that when the abuse started, she changed the way she dressed, to wearing baggy clothes that would not draw attention to herself, explaining that she "just wore sweat shirts." Then, as she started healing, she said

I've dropped forty pounds, right, probably from the last time you seen me I dropped forty pounds and, yah, finally I can embrace my own body. You know here I'm 38, right? I can wear a shirt that, you know, shows my bra. Like it's just amazing and people look at your like, 'cause they're not used to it, right? you know, but I'm, feel healthy, I like my body the way it is and, you know, I mean it's just weird that whole body image, that whole, you know, people aren't looking at you just for sex.

By changing how she presents her body, Kristie is stating to the world “I am not hiding. I have nothing to hide. My body, my self, is visible.” She is reclaiming her body. Kristie also described how she learned to enjoy her body in a sexual way.

Well, I had homework from my counselor and it was to explore my own body and that was probably the best thing she could have ever, ever done for me. You know, to know what pleasures me and that, you know, to take my own power back and, you know, that sex wasn’t dirty.

In learning to appreciate her self and her body as sexual in a powerful and pleasurable way, Kristie experienced a reconnection with her body. She recognized that the knowledge she had as a result of the sexual abuse about her sexual self no longer fit for her. Choosing to change how she knew herself by reclaiming her sexual self, she disrupted the message that she did not have a say over her sexual self.

M.J. told a similar story of healing through an exploration of her sexual self. She was given an opportunity to attend the Vagina Monologues, and the impact this production had on her came up several times in her story as significant.

M.J. found it a powerful idea that she could not only be proud to be a woman, but that, as a woman, she was valuable, ‘important to be a part of this earth.’ In watching the monologue on the rape of the thirteen year old, M.J. related to the story in a way that she felt empowered by the process the actor went through. What she learned about the sexual body had an impact on M.J. because she had previously understood her body, a social body, to be only for men’s pleasure. From watching the monologues, and popular television, M.J. understood that she could experience her body as beautiful, that to be a woman could mean to be powerful, and that the decision could be hers to decide who’s pleasure her body was for. This new understanding represents the shifting balance between the social body and the individual body. M.J. shifted from knowing her body, the social body, to exist for men’s pleasure, to knowing her body, her individual self, to be her own, for her to decide who would pleasure it, or gain pleasure from it. This shift in the balance between the bodies also represents a shift from the political body to the individual body, because her individual self was no longer controlled externally, through the social self. From the Vagina Monologues as well as from the popular press, M.J. experienced these new messages as powerful, because they spoke with the authority of many women’s voices.

Jen expressed the incongruence in ways of ‘knowing’ and her sexual body and the way she established a boundary around it when she described losing her virginity.

I was a very promiscuous child from the time, from the time that I was, like I lost my virginity at, I can't remember if I was 13 or 14 and, and that's not, that's not my true virginity, okay, but that was the first choice I made to, to have sexual intercourse with a person from school. Like I got into that I hardly knew which, you know, in my opinion is way too young.

Jen knew the socially constructed meaning of losing her virginity, and she 'knew' that her 'true virginity' was not 'lost' because it had been stolen from her when she was sexually abused. She considers her virginity to have been lost on her terms when she chose the sexual activity. Jen provides an example of conflicting ways of knowing, defining and attempting to claim and reclaim her sexual self by defining her first sexual intercourse experience that was the result of sexual abuse as her true virginity, and her first sexual intercourse experience that she chose as her virginity. Her redefinition of her virginity is a form of resistance. She set a boundary on who claims her virginity, resisting social messages of public ownership of her body.

The women's stories of their body's resistance and reclamation include examples of learning to deliberately name, disrupt and reclaim their selves. Jen provides an example of this by breathing. When she practiced breathing, and being aware of her body, she learned to listen to her body and to hear herself. In doing this, Jen experienced brief moments of peace, and these moments of peace facilitated a recognition by her, of her self, her soul. This led her to challenging her social self.

I found, okay, I can listen to myself breathing and then trying very hard to push out any conscious thought and, and let whatever come in it's going to come in and that's when my world started to open up and I realized that everything that I held inside of myself was mine and that it often challenged the conscious belief system, the conscious, you know, right or wrong, this is how I'm feeling and then I would come right back to, you know, like 'Wow, is that really how I'm feeling and why am I feeling that way?' and the only way to answer the why would be to get back to me, to get all the way back to me.

Les described an experience similar to Jen's experience of practicing breathing in order to learn to hear her self in, and through, her body. By listening to her body she found a sense of safety or of peace, "it's like finding a safe place within yourself." When she experienced this, she recognized the sexual abuse as not a part of her. In a sense, the experience of being sexually abused led her body to become her enemy and through naming, she learned about her self, and was able to differentiate beliefs that had been imposed on her through the violation on her body. Her body was the intersecting space for experiencing

and strengthening her subjective self, for feeling the impact of the violence done to her, and for recognizing the political act of oppression of women through violence. Healing from the abuse is about recognizing the oppressive impact of the abuse, the body politic, and then disrupting and releasing the ties or strings, rules, memories or ‘stamp’ of ownership that are not hers.

The women received information from their bodies on how to listen to their bodies. Listening to their bodies means recognizing the messages they are carrying, are given or are hearing. In recognizing the messages, the women are recognizing the constraints of both the social body and the political body. M.C. struggled with learning how to trust her ‘intuition’, suggesting in her second interview

how do you trust your gut if you don’t know what the intuition feels like and it’s like true, it’s like I don’t think I feel it all the time but I know sometimes I do and I know it’s my intuition and not one of the internal ones or one of the other say “No don’t. Yah, yah, yah, do, do, do.” It’s like I just somehow can just sense the difference. Like yah, it’s a gut feeling and ... when I think about it my intuition also depends on what everyone else’s (D.I.D. personalities) intuition is too.

Trusting her intuition meant trusting her gut, a reference to the embodiment of distrust in her own body. She wanted to learn to listen to her body, and to trust herself, but had from an early age experienced abuse that taught her not to trust her gut and therefore her self.

7.4 Everyday Life as Reminders

The body informed the women about the abuse as a result of life events, such as medical appointments and life transitions like the death of parents or the birth of children, accidents, and illnesses that occur as a part of any adult’s lives. And in listening to the body, the women learned to continue disrupting the embodied knowledge of the abuse. The body informed the women, and that led to the women listening to their bodies, leading them to ‘hear’ and then to ‘know’ in a new way about the sexual abuse.

Les became aware of the relationship between her body and the experiences of child sexual abuse, rape, and immediately following that a car accident, through massage. Years after the car accident, in order to deal with some of the residual effects of the accident, Les was introduced to a massage therapist,

but her main focus is cranial sacral therapy, visceral therapy and she just worked with my body. Like the connection between trauma being held in your body is just totally, I totally got it when I saw her because the scarring tissue in my spine from the car accident, she was able to manipulate that and just there was a lot of emotion in those wounds but that emotion in those wounds also had to do with being sexually abused as a child and she was able to help work that out of my body or my tissue ... and I don't really, I never did have an interest to find out what cranial sacral visceral therapy was. I just knew it worked for me. And that when I went and saw her she, she this soft spoken woman, well she is, she's a soft spoken woman, I still see her but she talks to me about what she's going to do before she does. I'm just going to put my, place my hands on your head Les and this is what's it's going to do. You know, this is what I'm trying to look for. Now I'm going to place my hands under, under your back and above, kind of where your panty line is. How do you feel about that? Are you okay with that? Can you take your panty line down? So just telling me everything she was gonna do so I was prepared and doing it in like a really loving, gentle way, you know, that she was, but also very professional.

Les learned that addressing the physical impact of the accident brought up the memory of the child sexual abuse, and she experienced the massage therapy as a healing experience. In this part of her narrative, Les described the sensitive manner the practitioner used in her work, consistent with sensitive practice, a respectful and sensitive approach to working medically with survivors of sexual trauma.⁷³ She found the experience of working with a professional who practices on her body sensitively to be healing.

Les talked about how “things like impacted. Like I think that the physical impact of the car accident then brought out all the, the trauma, sex trauma, the sexual abuse trauma ... definitely carried in my body.” Working with the trauma, and experiencing release from the trauma, also affected her body sexually.

Working with (a massage therapist) and her doing the cranial sacral therapy and the visceral therapy in my pelvic area she was able to release some of that and it also affected my sexual intimacy with [husband]. How can I explain this? It's like it opened, opened things up. It's like I don't know much about Chakra's but I learned some here (at the healing centre) and I learned some through other Reiki courses that I've taken but it's like this Chakra was open at times and then closed and that the work that she did changed it so that I became more freer with my sexuality.

Everyday events often led to the body reminding the women of the embodied presence of the abuse. Les had an experience where she was verbally assaulted and threatened by two strangers, street people, in another city:

Suddenly I had this acute post-traumatic stress or, so that's what [her therapist] told me and I had vivid memories, starting getting flashbacks of this rape that happened to me when I was twenty. So it was unbelievable. [Husband's name] again was there for me. I had a full-blown flashback in my living room with my kids playing in the living room and he just held me in his arms and it was physical as well. Like it actually, I hear this happening and I just, you know, you never know until you experience it yourself. Well that's the type of person that I am and I could not walk. I had pain in my pelvis, pain in my chest from where, because that happened when I was raped and I had some trauma in my thigh area and on my chest.

Three seemingly unrelated events were related through her body. The verbal aggression from strangers triggered a response in her body in a manner that she relived the rape of several years earlier. Much of Les's story of resisting the embodied violence and reclaiming her body centered around her children's births. She introduced the birth experiences as important to her healing early in her story.

As [her husband] and I continued in our relationship and I became pregnant with my first child I had a terrible birth experience with her but I think that that was a trigger for my sexual abuse. So I was highly sensitive to what my doctor was saying like saying "Oh, you know, she's really sensitive down there," saying this to the obstetrician. "You gotta watch what you do because she's just like screaming." Really. So inappropriate. My midwife was just horrified. He had a thing with my midwife that was, it was just like a terrible situation. And, and so that I don't even know how to articulate this.

The birth of her child reminded her, through her body, of the sexual abuse. The experience with her doctor, a relationship that was founded on authority and control, with the doctor as the authority, challenged her claim to her body as well as her decision to look to the authority of the midwife for her birth experience. The response of the doctor was towards the body politic, disciplining her by holding her responsible for her embodied response to the child sexual abuse. Les attempted to disrupt this disciplinary process for the birth of her second child.

It's like that experience was very traumatizing so the second time I was expecting I didn't want to give birth in the hospital so I wanted to have home birth because the first one was a failed home birth experience, not failed, it just didn't work, because I think I was, I had sexual trauma in my pelvic area. I couldn't let go. And then the second time with the love and support of two doulas, I was able to give birth at home and it was sexually healing. Like it was, it was healing from the sexual abuse. It was healing from, I don't know how this is connected but it's giving birth was like it's almost like it healed my uterus, my vagina, my labia from the sexual abuse and the rape; sexual abuse

from my uncle and from the rape that I experienced. It's like I can give birth, I can, you know, I can love my, my female genitalia. I have the strength and the power to do that even though, even though you've been traumatized, like talking to my body part like you.

Les disrupted the social and political claims on her body by sidestepping a medicalized birth and having a 'conversation' with her body. Lock and Scheper-Hughes describe the social body, as a body that experiences a constant exchange of meanings between the natural and social worlds and the political body as the body that is regulated, watched and controlled in reproduction and sexuality, work, leisure and sickness. Les found the experience of connecting with her self, her individual body as transformative in the sense that she changed the rules as constituted by both the social and the political body. She determined her birth experience, claiming control on the part of the social body, and she chose the birth experience outside of the medicalized regulated structure. She did both of these things by giving voice to the individual body, by 'having a conversation with her body.' This experience was transformative for her, one that reflects a shift in the relationship of the three bodies that existed from when she was a child, to a new relationship of the three bodies now that she is an adult. As a result, she felt stronger, empowered, and in effect, healed.

You know, you've been so traumatized and so hurt that you are able to do this and I was able to have this conversation and, but also live it as though that is my body. I don't know if this makes any sense to you whatsoever. So experiencing a healthy, natural childbirth experience with love and support of women around, being a survivor of sexual abuse was incredibly therapeutic and very empowering and women that I've known for years would say to me It's like your transformed. You're a very strong woman.

With the birth of her third child Les claimed her body as her own, on her own terms, by stepping out of all birth authorities.

And with my third child I still had a fear. I didn't want women to be involved and maybe this has nothing to do with sexual abuse. We shouldn't really talk about that. I had an unassisted birth but it was again a way of empowering that my body is capable of doing these things and I can do this. Women do this. Our bodies are meant to do this. Everyone, you know there's so many messages in our society that we're objects of sex. We're objects of, we can't birth, we can't do this, we can't do that.

Childbirth was experienced as re-traumatizing for Les, and childbirth was experienced as healing, because she was supported in the process of re-claiming her body by who she

chose to be with her and how she chose to birth. Les disrupted both the social and the political stamp of ownership and reclaimed her body as hers.

Lisa's body was included in her story about addictions and her struggle and need to deal with the memories and effects of the sexual abuse that presented once she went through detoxification from the drug use. It is the body politic that constitutes her as an addict, and not as someone who experienced abuse, violation and powerlessness as a child and then as an adult. In being diagnosed as an 'addict' the political body is a body that is under surveillance. In doing this, the body continues to be disciplined and controlled by being constituted as responsible for the problem. Lisa was clear about the messages that she received, that it was her who was the problem, that somehow she was wrong, because she was an addict:

I thought something was wrong with me. Because of the abuse. And then I started praying and healing. I healed. Like, I took the first steps to try to heal myself, but, like I said, I had an addiction, and I was an i.v. user, and as I grow older, I started realizing why I use, because I been through lots of treatment centres, and they, they never helped. But the reason why I started doing this is because I don't want to remember my past. And when I talk about it, it heals me too. Because I can let it out. Well, when I came to [the healing centre], is I let it, this is a, a real nice place to be, it's stress free and ah, it's helping me deal with what happened with me, and not just going out and numb the pain for a while.

Lisa understood that she was using drugs to numb the pain of the abuse, but even when she was using, she was having memories. She referred to talking about the abuse as letting it out, meaning out of her body, lessening the pain. By letting 'it' [the memories of the abuse] out of her body, she was better able to cope with the knowledge of the abuse without using drugs, and to understand that the knowledge in her body, that she was somehow wrong was itself wrong.

Jane understood that she had been abused through her body, only when she had support in place. This happened at the time that her daughter reached the age she had been when she was assaulted. Once Jane recognized what her body knew, she learned to listen and to 'hear' her body more clearly by talking about her memories. Jane explained,

Well physically too, like I must have been, like I remember parts of it. Like I said, when I talk about it more, like the more I talk about it, without even trying to think about the situation, more pieces come in. It's really weird. Like even talking to you now I can see. And it doesn't like, like before I'd have this,

like [breathing in a panicked manner], you know these huge anxiety things over it and I don't now.

Telling about the abuse became her means of disrupting embodied messages and re-claiming her individual self, her soul. Jane was very clear that the abuse she experienced as a child was embodied. She explained that she

was diagnosed with ovarian cancer ... and I had to have a total and a radical hysterectomy. When you go through that, and everything's going on down here [indicates lower abdominal area] and you're getting your whole insides ripped out, right? When you've been sexually abused as a child, I mean, what is that but your insides, right? It's like cutting that part out that kind of got damaged, right? Not the emotional stuff, like your heart, and your, you know, but the physical part of your body. I felt gutted. It's like my guts have been ripped out, and emotionally that's kind of how I felt. When all the memories came back to me, that's kind of how I felt, you know? Like hollow, right?

Jane described her physical and emotional reactions to having a hysterectomy as the same as when she was sexually assaulted as a child. Her physical body and her subjective self experienced the surgical removal of her reproductive organs as the removal of the part of herself that was sexually abused. The skin marks a metaphorical boundary, but it is a permeable boundary for the subjective as well as the material body.

7.5 The Skin as a Boundary

In these stories, the skin is seldom referred to by the women, but it is implicit in their understandings of how the abuse is 'in' their bodies, and how they live in their world. Benthien suggests that the "skin marks not only an actual but also a profoundly symbolic boundary that is subject to cultural and historical change."

The skin is the place where boundary negotiations take place.⁶⁰ I experience the skin of my body in many ways, as protection, almost as a kind of armour, as a sponge, absorbing, and as a mirror, reflecting messages and hurts. In her discussion about skin "as the symbolic surface between the self and the world," Benthien expresses concern that the skin "has become an increasingly rigid boundary in spite of the fact that medicine has penetrated the skin and exposed the interior of the body." I understand the boundary of the skin to be a sometimes fluid, sometimes firm, boundary between self (inner, soul self) and other (social, political selves).

The conception of the skin as a house, as an enveloping layer in which the subject lies hidden, is diametrically opposed to the perception of skin as a felt boundary that can be experienced through the sensory perceptions of pain and pleasure and thus forms, in the early childhood process of individuation, the precondition for all object relationships later in life.⁶⁰

Benthien explains that historically the skin was understood as porous, the means for internal disturbances to leave the body, and that leakiness was considered a component of good health. Leakiness was therapeutic. In the same way, the leaking of disruptive knowledge into, and out through the skin into the social and political world, is therapeutic. This is the healing process.

The skin may be understood as marking a separation between the self, and the social and political world, and it acts as a metaphor for the exchange between the body and the social world. The skin is the boundary or the space where the ‘hurt’ took place, and it represents the delineation between self and other. In this discussion, the delineation of the body as the boundary between self and other is as leaky and porous as the skin of a body can be. An example of this is reflected in Connie’s story.

The naming of the abuse and claiming of her body played a significant part of Connie’s story, but she did not express this by talking about her body. Connie expressed the role of her body in her story by showing a tattoo that she designed and had tattooed on her skin, explaining that every day the tattoo symbolizes her healing to her, and helps her focus on moving forward.

I got it [the tattoo] on my foot to symbolize my journey of becoming a survivor and dealing with everything. The [symbol] symbolizes appreciating life in the now and not living the past . . . and then the [symbols] mean courage, strength and hope. Courage, strength and hope, the [first symbol] meaning living in the here and now, instead of focusing on the past.

Connie described the impact and importance this tattoo plays for her in the following story:

I got the tattoo end of February and actually the next day is when the police called me to tell me that it [the charge against the man she was charging with abuse] wasn’t going forward and my tattoo was quite helpful because I, I had a little breakdown where I, I haven’t sobbed like that in a very long time and in the middle of it I remembered what came down and I saw my foot and I was like “Yah. I got this tattoo for a purpose. It’s to remind me of the journey. The journey doesn’t end. It keeps going.”

For Connie, her body spoke the knowledge of the sexual abuse through depression, and then she chose to have her body speak the knowledge of the abuse with a tattoo on her skin. She marked the boundary of her body, literally, on her skin with a new message: courage, strength, and hope. She has incorporated a visible, constant reminder of her own message, one that counteracts the messages of ownership and control. Her skin marks the presence of her individual self for the world to see.

7.6 Process of Change

There was a cyclical and incremental process for the women of the body informing about the abuse, awareness of the incongruence of messages, and the body and the woman resisting the old knowledge, all of which led towards a healing experience of reclaiming her self. The body informed the research participants about the embodied incongruence or dissonance in their soul. This process occurred as a spiral, with incremental moments of learning and changing along the way. For example when Jac resisted the knowledge she had previously accepted, understanding why she became panicked when she heard footsteps in the hallway at night, or if she was alone in the woods, she knows now that her reaction was because her body carried the memory of being abused, and not because she was crazy or had a problem. She resists the ‘knowing’ that had previously kept her in a position of vulnerability. These events or moments of resistance accumulated incrementally, in an interactive and iterative and contradictory process that eventually progressed to increased control over her life, experience of peace, and ultimately a sense of having healed in some way.

Jennifer’s story exemplifies the messy, contradictory, iterative and interactive incremental process. She was depressed throughout her childhood and teen years, she had problems with alcohol, became bulimic and anorexic, addicted to exercise, and she continues to this day to deal with body memories and flashbacks. Jennifer stated “our bodies pay a huge price for this pain . . . from the sexual abuse our bodies pay a huge price.” It was not until she had geographically removed herself from her family that her body was able to make its discomfort known to her more clearly.

Loyalty and anger towards family members and struggles to maintain yet sever familial and social ties comprise the lived experience that both informs sexual abuse and the construction of women’s social identities.⁷⁴

Jen also experienced, incrementally, like other research participants, a sense of peace

in her body. Early on in Jennifer's story, before she recognized that she had been sexually abused, she was first hypnotized, and described the sense of peace she experienced, "Oh there was, there was this silence there. Like there was just a silence and a peace there . . . He got me to a state of relaxation I had never experienced before. I had never, the deep breathing, I mean I had tried Yoga and running is the first time where I was actually in touch with my body."

Not only did this experience disrupt the rule, "don't listen to, or trust your body," but it also led to Jen trusting the therapist enough to be hypnotized again, and to ask her difficult questions.

Change was possible for Jennifer only after she moved out of the country, geographically distancing her from her family, including her abuser (although she was not aware of it at the time). Casey discusses 'place' memory. While his discussion of place is complex, Casey states that being embodied assumes a point of view and a "*place* in which we are situated. It is to occupy a portion of space from out of which we both undergo given experiences and remember them."⁸ The relevance here is that paradoxically, it was not until Jennifer was not in a 'place' that reminded her body of the sexual abuse that she was able to recognize that she had been sexually abused. Jennifer's father had sexually abused her until she was an adult, and she had no recall of being sexually abused until she had been married and was living out of the country.

Living that far removed from her home, her history and her family, Jennifer felt that for the first time she was able to find some peace in her body, a foreign experience for her. Until that time, she "was so far removed from myself that when I started to move back into myself I found an area of me that had this real peace and it was really, really tiny in the beginning." Reflecting on the three bodies and a shift in the way the relationship between the bodies as children and then as adults, it is possible that Jennifer was not able to shift from living as a predominantly social and political self until she moved far away from her childhood home. The geographic distance enabled Jennifer to experience something new, which was the ability to feel her emotions and enjoy her self as connected in a small way to her body. She described this sense of peace similar to what she experienced when she had been hypnotized, and what she was about to experience as she took up running. Her body again became an informant.

Jennifer provided a rich description of the messy, iterative, interactive process from

naming, to disrupting and then reclaiming. She described in detail the relationship between the feeling of being removed from her body, of her body not being ‘hers’, and the sense of peace and awareness that she experienced when she found ways to connect with her body, a body that she had been distant from. The connection with herself, her ‘authentic’ self, led her to being challenged by the dissonance of beliefs she had held until then about who she was. When she did this, Jennifer recognized that how she was, was inconsistent with who she was. This is a reflection of the individual body (who she was) being out of balance with her social and political bodies (how she was). In this process, Jennifer felt the immense fatigue she experienced most of her life, a fatigue that she now recognizes began at the time she tried to stop the sexual abuse and found she had no say over her body, and experienced powerlessness over her individual self. This was the intersection of her individual, social and political selves that directed her to question ‘what is hers’ and ‘what is not hers’, and led her to awareness of incongruities in messages. The awareness of the incongruities in messages that led to the disruption and reclamation of her ‘self’ is described in this lengthy portion of her narrative.

It’s moving into your own body, your own breath, and finding yourself. I found that so much about what I felt in my body, so much about, that’s another thing in terms of the framework for healing. The belief system that I had was so not mine. The pain in my body that came out in so many different ways and because I was so far removed from myself that when I started to move back into myself I found an area of me that had this real peace and it was really, really tiny in the beginning. I found an area of me primarily that had intense pain of everything from the psychosomatic, even the anxiety, all of that stuff and when I quieted myself down which for me was all about the yoga and it actually started off with running, it started off with running, and learning how to breathe and when I learned how to breathe through running, through some yoga, through meditation, I found myself at the beginning of that because the world just kind of went away and then I found, okay, I can listen to myself breathing and then trying very hard to push out any conscious thought and, and let whatever come in it’s going to come in and that’s when my world started to open up and I realized that everything that I held inside of myself was mine and that it often challenged the conscious belief system, the conscious, you know, right or wrong, this is how I’m feeling and then I would come right back to, you know, like “Wow, is that really how I’m feeling and why am I feeling that way?” and the only way to answer the why would be to get back to me, to get all the way back to me, to spend time with me and so I spent hours running or walking, even did a lot of walking, so that I could regulate my breathing, so that I could calm down and find out what’s really at the root of my, because you know, you, man you take, you take a lot of stuff on top of you because, you know, the you becomes so painful. The authentic you becomes so painful that,

I mean, I created a self that was so fabricated from everything I could pull on outside of me because the me was so painful that I had to tuck it so far away and that's, that's what the, the body work. I mean and in getting back to the authentic me you get back to the pain and, and the physical pain, the mental pain, the mental anguish, all of that and then it starts to come out. Then you start to identify with it and it starts to come out, a more authentic you starts to come out but for me that authentic me was in so much pain and I began to realize that I was having a lot of physical and mental anguish that wasn't mine. It, like I wasn't born with it ... yah, the, the body I mean I just, the immense pain in, oh my gosh. I mean irritable bowel syndrome, headaches, fatigue, like fatigue, beyond fatigue, beyond fatigue and I said both to my doctors and my mom, my husband now I say I have the natural physical fatigue of being a new mom ... that fatigue pales in comparison to this and I lived my life in a state of fatigue from the time I was, I'm sure from the time, probably more so from the time that I realized what my dad was doing to me was really wrong and I said no and realized that no meant nothing.

Jen was disrupting and reclaiming her individual self by practicing breathing and listening to her body. She recognized that she was living by a belief system that was "So not hers," the social body, and was learning the boundary of her body, for example through yoga, and was practicing learning to experience her body by focusing on breathing, that in turn quieted her thoughts. She experiences her 'self' as somewhere deep inside her body, a 'self' that is to be found. While clearly Jennifer understands herself as bounded and having a unitary subjective self, what she is describing is her individual body, the self that is not social or political. By recognizing this individual self, she is then able to separate the social and political selves, the "self that was so fabricated from everything I could pull on outside of me because the me was so painful that I had to tuck it so far away."

7.7 The Researcher's Body

My body is inherently engaged in the research process. In order to be mindful of my embodied presence when considering the women's bodies as they are present in their stories of healing, I am reminded that my own body is present. It is important to be mindful of my body while listening to, reflecting on, writing about and and re-creating the women's stories of healing, in an effort not to distance myself from hearing and narrating the women's stories.

There were times I felt ill, or I had knots in my stomach, when a woman provided details of the abuse she experienced. Other times, I felt a sense of calm in my abdomen

when one of the research participant's described a feeling of peace she experienced for the first time. Often, when a woman described a sensation she experienced, I felt disruption, discomfort, warmth, nausea, or relief in my body. I recognize my own body and embodied knowledge reflected in the women's stories. Listening to the stories evoked memories of situations I experienced, or experiences my friends or family members had. I think of my children, and I sometimes experience panic that they too might experience violence and pain the way some of these women have. I know the women's stories are not my own, at the personal level, and I know that their stories are fully my own personally, socially and politically, because we share a community, a gender, and life stages and transitions. My body responded in the context of my family, with the women's stories at times intruding on my personal relationships with my partner, or my children. Recognizing and embracing my own embodied knowledge is something I have worked towards over years of responding to stories and situations of violence and abuse, and something I hope that I do not become complacent about. For this reason, I include a brief reminder in this section, that my body reaction, and my embodied self, is a part of the research process.

7.8 Summary

The relationship within and between the women's bodies and their memories, their sense of self, their experiences, their perceptions and their behaviours, was evident in their stories, and in their metaphors, all of which related to the body.

In this chapter, it was argued that through every day events, the body remembered, knew, named, and told of the sexual abuse. It was the women's bodies that experienced the challenges, the fear, and the risk taking, and was the bodies that resisted and reclaimed the self in a manner that led to healing. It is in the body that the healing happens. The body experienced and embodied the personal supports, the knowledge of choice, and the sense of peace. The body became the actor and the narrator.

The naming of the abuse was the signifier as well as the gateway, between the body and the social world. With the body as the informant the door was opened for the individual and the social and political bodies to intersect, making inconsistencies in knowledge visible. This enabled the relationship of the three bodies, the individual, the social and the political, to be re-established.

In talking about her ‘body’s story’, Jac said “I’m just amazed of the body wisdom. I know my body will bring me where I’m ready to work.”

FEE FI FO

Fee fi fo she smells his body
She smells his body
And it makes her sick to her mind
He has got so much to answer for
To answer for, To ruin a child's mind

How could you touch something
So innocent and pure?
Obscure
How could you get satisfaction
From the body of a child?
You're vile, sick

Chorus

It's true what people say
God protect the ones who help themselves
In their own way
It's true what people say
God protect the ones who help themselves
In their own way

He was sitting in her bedroom
In her bedroom
And now what should she do
She's got so much insecurity
And his impurity
It was a gathering gloom

How could you touch something
So innocent and pure?
Obscure
How could you get satisfaction
From the body of a child?
You're vile, sick

Repeat Chorus twice

Fee fi fo x 4

©1999 Island Music Inc. Lyrics from The Cranberries' song 'Fee fi fo' from the album 'Bury the Hatchet'. Lyrics by: Dolores O'Riordan. Music: Dolores O'Riordan & Noel Hogan.

CHAPTER 8

HEALING

It's like finding a safe place within yourself. [Les]

The purpose of this research is to learn about healing by listening to and analyzing women's stories of healing from child sexual abuse. The women's stories of healing are complex. They are complex, because they are about the interactions, every day mundane life events, that occur in, from, of, to, and about the body. These life events include the social and political processes, along with the life events that are known to us all. The site of intersection for all of these interactions is the body. They are multi-layered, interactive, intersecting and as a result are challenging to convey. The progression of chapters from naming and memory to re-storying, and then to the body, was an attempt to convey this complexity.

In this discussion on the model of healing, I rely on Lock and Scheper-Hughes's three bodies: the personal, social and political bodies.¹⁹ Discussions of memory will be made in light of Casey's phenomenological study of remembering,⁸ and the word self and soul are used interchangeably to indicate the subjective, thinking, feeling, characterized self, as described by Hacking.⁷

8.1 Model of Healing

In order to capture the complexity of the women's stories that integrates the pattern of healing common to the research participants, and the themes, with the literature, a model of healing has been developed. This model (cf. Figure 8.1) describes a process that includes receiving, naming, disrupting, reclaiming and choosing, all of which are grounded in relationships of support, safety and trust. The body is the lead in, and the site of, the healing process.

The women are healing from the effects of being sexually abused in childhood. The sexual abuse events were woven into the fiber of the child's body, a weaving process that continued in the bodies of the women as they matured into adulthood. For the research participants, healing had a body feeling, sensation, smell, sight and sound. In their stories, there is colour, lightness, and the clunkiness of a square wheel. There is the warmth of sunshine, and a grey bleakness. Telling these women's stories of healing is to tell a story of the body.

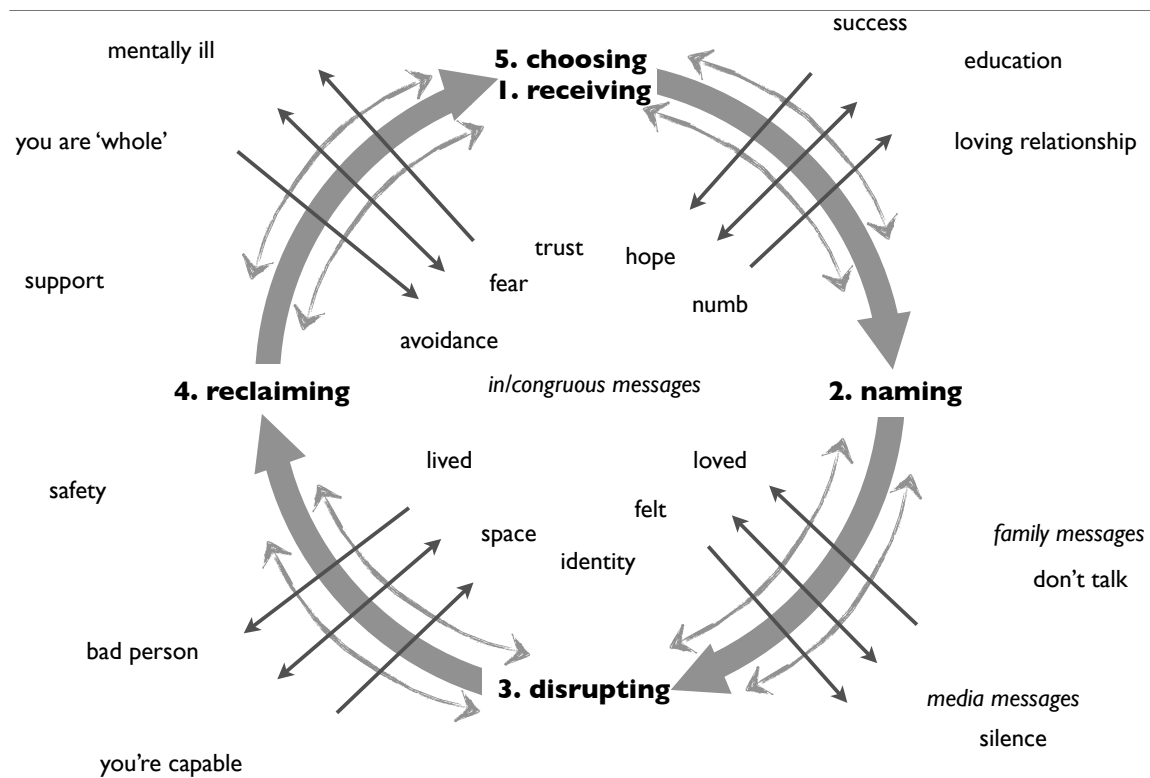


Figure 8.1: A Model of Healing

The healing process is first about the body naming the abuse or breaking the silence. After this, it is about an exploration of the individual self in a way that allows for incongruities to be recognized and disrupted. This led to each woman reclaiming her self, enabling her to choose to live more fully as her self.

The model depicts multiple processes acting and interacting on, within and between the women's self and her social world. In this model, like the skin of the body, the boundary is not a firm boundary, but rather is a metaphor for a leaky point of transition between

the self, meaning the body, and the social world. The body is delineated by the thick, gray circular arrows in the figure. The body includes social and the political bodies, and the individual, material, thinking, feeling, subjective body: the self or the soul. While the notion of the three bodies is applied to this model, the three bodies reflect one material body. This one body is where the visceral expressions reside, such as nausea, vomiting, or hunger.

The body boundary arrows indicate transition points in a circle that revolves in a clockwise direction, beginning at ‘receiving’ and moving to ‘naming’, ‘disrupting’ and then to ‘reclaiming’. When the movement cycles back up to where ‘receiving’ was the starting point, the process is now titled ‘choosing’. This model represents a process that is interactive, incremental, back and forth, and ongoing. In a discussion on ritual healing, Csordas states that the healing he observed was less a miraculous cure than a:

process of incremental change. Healing is much more like planting a seed, or like nudging a rolling ball to slightly change its trajectory so that it ends up in a different place, than it is like lightning striking or mountains moving.⁵¹

The process of healing is an incremental and a messy embodied process. Nel said “I guess the main thing is that, is the journey for me is not, sort of always a forward move, so it can be jumping all around, in between, back and forth.” For some of the women, it took years, for others decades. The women described an iterative and mutually informing healing process, reflected in the arrows that parallel the body boundary on the inside of the body boundary circle, and on the outside, going in both directions. Both inside and outside of the body boundary the process of moving to the next transition point is a back and forth occurrence both within the body and outside of the body, through actions, thoughts and feelings, that takes place in social activities and in private moments.

8.1.1 Messages

In the healing model, the arrows at each stretch in the cycle, one pointing from inside the body to outside the body, one pointing outside the body to inside the body, and one pointing both ways, depict the process of messages: being received into the body; being sent from inside the body to the social world; and both ways simultaneously.

The series of words that are included in this model is not a comprehensive list. The words are there to suggest possible messages that are available within and between the

social world and the individual. These words are not placed in a deliberate order or section as portrayed in the model, and are simply examples of the messages as described throughout this research. Examples of these messages are: ‘you are wrong’, ‘keep it a secret’, ‘don’t trust yourself’, ‘you are capable’, ‘I am loved’, ‘I don’t know anything’, ‘women’s bodies are for men’s pleasure’, and ‘my body is my own’.

The messages as I am describing them, are provided through the media, political actions such as the medical, judicial and social service systems, from the family and the community, and from the subjective self. These messages are experienced in her body from the external world (arrows pointing inward), and her body responds to the messages by performing, experiencing particular emotions or thoughts (arrows pointing from the body outwards).

Throughout the women’s lives, the same message may be given and experienced differently at different points in time. As a child it might be made clear that she has no say over her her body, for example when she is sexually abused. She might also receive this message when she feels sick, and is told she has to go to school anyways. She might receive a contradictory message at the same point in time, that she does have a say over her body, by having a choice over her clothing decisions, over which social events to attend, or who gives her a kiss good-night. As an adult, she might experience the same message, that she has no say over her body, if she is expecting a child and the doctor informs her that she has to have an intervention. She might choose to challenge this message, and accept and provide a different message, that she has a choice over her body, by working with a midwife and finding an alternative to medical intervention.

The messages can work together, for example if she experiences having a say over her body in a respectful physical relationship, and she responds by expecting to have a say over her body. In this model, the messages are continually offered and responded to through all of the transition points.

8.2 Transition Points

8.2.1 Receiving

The point of ‘receiving’ is the point at which the abuse took place, with the body experiencing messages of silencing and ownership. She is passive even if she is resistant, because as a child she is inherently in a position of vulnerability. As a child grows into adult-

hood, in this model she is constituted as ‘receiving’ unless the messages and experiences of powerlessness are challenged or disrupted. When receiving, the body experiences and integrates the messages she receives, messages such as ‘powerless’, ‘victim’ or ‘hurt’ that are marked and integrated within and on her body. She learns the rules, which are ‘to be quiet’, ‘not to resist’, ‘to keep a secret’, and ‘for her body to be available’. She learns that she has diagnoses, and that she is a problem, or unwell. The kinds of messages that were considered normal included such beliefs as: ‘I am stupid’, ‘it was my fault’, ‘my body is not my own’, ‘nothing I say matters’, or ‘I have no control over my life’.

In childhood, the relationship of the three bodies in childhood was, out of necessity, one that favoured the social and political bodies over the individual body. The individual self was violated, silenced, and disempowered.

8.2.2 Naming

The research participant’s stories are centered on the process of ‘naming’ the experience as child sexual abuse. The naming process includes a first naming that is the most significant in that it is the first time the woman recognizes and puts a signifier on the experience. Subsequent namings reflect insight into the impact of the experience of child sexual abuse on them.

Jane began her interview explaining that for healing to happen for her, “the very start of it, for me, was actually understanding what had happened to me.” Tuppence began her story saying “I think in order to heal from something you have to acknowledge that something happened, that it had effect and that the effects are counter to what one would want in their lives.” As children, the sexual abuse was a part of their lives. They could not have known otherwise. Tuppence said “it was like the abuse was part of the texture of life. It was normalized so it wasn’t really abuse. It was just life.” Reflecting on Locke and Scheper-Hughes’s three bodies, naming the CSA is a process of listening to the individual body that inherently led to questioning the truth of the social and political bodies. The stories focused on this process, that for several of the women took years, even decades. With an understanding of CSA as normal or invisible imposed on a child’s self, the process of naming the abuse, and then recognizing the impact of the abuse within their bodies, would be like naming where the wind begins and ends. As Tuppence said, “It’s really hard to shift from something if you don’t know what’s wrong.” Breaking the silence, or learning

to 'see' the wind, or the normalized messages one embodies throughout her life, is an act of resistance because it makes visible the invisible.

In the study by Anderson and Hiersteiner⁵⁵ on recovering from child sexual abuse, the authors found 'disclosure' to be a key factor in the women's recovery stories, but they did not define what they meant by disclosure. Their discussion includes descriptions of research participants 'redefining their recovery stories' and attempts to 'break the silence' as well as a discussion on being disbelieved when they reported the abuse. This is similar to the process of naming as described in this study, which is the process of remembering and identifying or signifying the abuse. The authors also described the factor 'making meaning' that describes filling in missing pieces and closing information gaps in their memories and stories. This description fits the description of naming, as delineated in the findings from the present study, but does not consider the complexity of the process of naming and memory.

Naming was facilitated in many ways, but it always occurred through, in and by the body through a memory or remembering process.⁸ For some women, the body facilitated the naming process, with memories, fears, or bruising that reflected abuse done years earlier. For others, social players such as talk show hosts, therapists, children, and educators acted as reminders that facilitated the naming process. The back and forth arrows in the model depict this process, both across the body boundary and between the transition points.

The naming was not possible until there was a 'space' provided or available for the sexual abuse and its impact on her to be heard. For these women, up until the point of naming, there was no space for them to name the abuse. The space was opened for the naming of the sexual abuse for two main reasons. First, they had personal supports they trusted and felt safe with. The women felt strongly support that the importance of this support can not be understated. Second, there was temporal, emotional or geographic distance from the abuser(s). With the support in place and the space available, the research participants experienced a challenge or crisis, leading them to a position of readiness, where they were able to hear what their bodies were telling them.

The women's bodies named the sexual abuse for the women in many ways, for example through depression, dissociation, social isolation, memories, flashbacks, body memories, illness, and alcohol use. Until the sexual abuse was named, they were given the message

that they were the problem, not that the problem was that they had been sexually abused as children. The messages that there was no sexual abuse or that it was not the problem, occurred in many ways, for example through psychiatric diagnoses, labeling the woman as promiscuous, as not strong academically, as a liar, emotional, trouble or as a good for nothing addict.

In these stories of healing from child sexual abuse, it is not a pathological illness that the women were healing from. In therapy the language for ‘recovery’ or ‘repair work’ implies some part of the woman who was sexually abused in childhood is broken or damaged and needs to be repaired. Csordas suggests:

the object of healing is not elimination of a thing (an illness, a problem, a symptom, a disorder) but transformation of a person, a self that is a bodily being.⁵¹

The research participants experienced being pathologized, and were constituted as being responsible for the sexual abuse, and for the way that her body experienced, expressed and voiced the abuse. The process of naming the experience as child sexual abuse for the first time formalized the transition from knowing the self as the problem, to knowing the self as a self who was ‘done to’. The process was a transition, from their bodies knowing that they were sexually abused, to the women telling themselves and the social world that they had been sexually abused when they were children. This process differentiated the self, from the act or acts done to them, and reflected a shifting in the relationship between the three bodies.

The signifier, ‘child sexual abuse’, legitimated her body’s response or reaction, providing a space in the world where her experiences were visible to her, where she could become conscious of a new way to understand her self.

Consciousness-changing is not accomplished by new discourses replacing old ones. It is accomplished as a result of the contradictions in our positionings, desires and practices – and thus in our subjectivities – which result from the coexistence of the old and new. Every relation and every practice to some extent articulates such contradictions and therefore is a site of potential change as much as it is a site of reproduction.⁷⁵

The social and political bodies were challenged and the relationship between them and the individual body shifted.

When unnamed, there was no meaning attached to the experience of CSA, and the abuse had nowhere to ‘be’ except in her body. By naming the abuse the first time, a

meaning was attached to the experience, and a social space outside of her body was created to understand the experiences of abuse. Subsequent namings occurred when the reality of the abuse became known to the women with a new context or understanding of her experience. She was then able to more fully differentiate the experience of abuse as something done to her body, and as an experience that was affecting her. Up until that point, she believed that how she was, was also who she was. The subsequent namings reflect a more marked shift in awareness of the individual self from the social and political selves, and therefore the recognition that the sexual abuse was affecting her sense of who she was. In a discussion on subjectivity, Leslie Rebecca Bloom states that in addition to subjectivity being produced both collectively and relationally, subjectivity is also:

thought to be produced through contradictions and conflict, which cause subjectivity to fragment. Because of women's long history of material marginalization, patriarchal oppression, colonization, physical abuse, and the psychological damage of being demeaned by the pervasive hierarchical structuring of the sexual differences of male/female, women have internalized many negative and conflicted ideas of what it means to be a woman.⁶⁴

Recognizing the extent of the impact of the abuse on their present day lives, on their sense of who they were as women, the research participants were in a position where they could choose to change that.

8.2.3 Disrupting

The individual body should be seen as the most immediate, the proximate terrain where social truths and social contradictions are played out, as well as a locus of personal and social resistance, creativity, and struggle.⁶

The positive messages the women experienced as they became adults, for example from supportive relationships, or the media, challenged messages they held of victimization and powerlessness. Examples of the new messages that were heard and that challenged the previously held beliefs are: 'I was a child, I didn't have a choice', 'it was not my fault', 'I can say no', 'I am not bad', 'women's bodies are powerful', 'I have a right to be respected', and 'what was done to me was wrong'. Experiencing these messages challenged previously held beliefs and helped her to understand herself differently in light of her experiences, and this impacted on her sense of self, or her subjective self. Wendy Hollway suggests that subjectivity is:

experienced through the meanings and incorporated values which attach to a person's practices and provide the powers through which he or she can position him- or herself in relation to others.⁷⁵

In the Anderson and Hiersteiner study on recovery stories for women who were sexually abused in childhood, one of the factors for recovery was called 'making meaning', which the authors described as the need for women to "figure out who they were and how to position themselves in their life stories."⁵⁵ Making meaning was referring to how the participants understood the abuse as well as how they understood their responses to it developed over time. The description in this study of the factor making meaning, is similar to the process of 'disrupting' as I describe above. The disruption occurred when a woman began to experience moments of peace in her body, her subjective self. By understanding her self in a different way, she inherently experienced the possibility of having a choice in her reactions, her beliefs and most importantly, her sense of her individual, subjective self.

The conflicting messages were felt in her body, creating dissonance, or incongruence of knowledge truths, assumptions or beliefs. When a space was created for the dissonance to be recognized, she reached a point where she felt that something needed to change, or she could not, or would not, survive. At this time, the incongruence she felt within her body became more dangerous to her than the risk of speaking out, or of breaking the rules that she had been living by. The abuser wanted (wants) a silent, vulnerable, and controllable body. In disrupting the ownership on and in her body she disrupted the coercive and disciplinary messages experienced as a result of the sexual abuse, and no longer offered a silent, vulnerable and controllable body. She was shifting living in her political body, to living more fully in her individual body. In this process, her knowledge of herself transformed from silent, vulnerable and controllable to having a voice that includes agency and choice, reflecting a shift from her social and political selves to her individual self.

When Jen was hypnotized for the first time, she experienced a sense of peace in her body. Experiencing this peace, she recognized that most of her life she had experienced dissonance in her body. She then proceeded to explore the dissonance, and found that she was living in a way that was not hers, as if she put on this strange person that she had not chosen. Until that point, she was not 'herself'. When Sara chose to take care of her self and not hold herself responsible for keeping her marriage together, she disrupted the rules,

the biggest rule being ‘you don’t matter, put yourself last’. Her social and political bodies were challenged, and her individual body was strengthened. When Jac and Corrie explored their body’s reactions and recognized them as reactions to something hurtful that was done to them, they disrupted the messages that said they were the ones who were the problem, again shifting the relationship within and between the three bodies, and strengthening the individual body by separating the individual self from the social and political act, the sexual abuse.

A part of Jac’s healing occurred when she understood that she was not crazy but that her reactions and responses were a natural response to a hurtful situation. The acts of resistance were possible because what was taken for granted and unnoticed was revealed, and when revealed, resistance to the taken for granted knowledges of her world became possible.

8.2.4 Reclaiming

I want to own all my parts. It’s like through an event in my life I’ve dismissed some part of me. And now I want to gather all those parts and make me whole again. There’s nothing wrong with me. Jac

For the women, the final part of their healing was in the process of finding congruence, experienced when internal and external messages become tangibly or visibly consistent with their sense of self, reflecting a changed relationship between the three bodies. In childhood, the relationship of the three bodies in childhood favoured the social and political bodies over the individual body. As adults, research participants were enabled to re-claim her self, her individual body by recognizing incongruent messages, shifting the relationship between the three bodies to one that includes the individual body more fully. By reclaiming her individual self, she reclaimed her soul.

When Jennifer described the experience of reconnecting with her body, she found “a little bit of peace because I was so far removed from myself that when I started to move back into myself I found an area of me that had this real peace and it was really, really tiny in the beginning.” She experienced congruence within her self. When she found that sense of peace, she also found that “the belief system that I had was so not mine.” She was able to embody new knowledge, and experience peace. Her healing was the process of connecting the experiences held in her body with her knowledge of her self in the world. She was reclaiming her ‘self’.

8.2.5 Choosing

The process of reclaiming is a process of liberation from a position of vulnerability and helplessness, to a self with strength and choice. The women now describe themselves as having a voice, and they have the capacity to choose whether or not to accept the messages they hear. They have taken control of their lives and by doing this, are healing. They were choosing to become their own agents of change. Lock states that the body:

imbued with social meaning, is now historically situated, and becomes not only a signifier of belonging and order, but also an active form for the expression of dissent and loss, thus ascribing it individual agency. These dual modes of bodily expression – belonging and dissent – are conceptualized as culturally produced and in dialectical exchange with the externalized ongoing performance of social life.¹⁸

The shift from passive, or receiving, to active reclamation reflects a shift in the power relationship between the woman and her world. It was at this point that some of the women challenged authority. For example, Kristie challenged her therapist in a group session, and M.J. challenged her knowledge over her body by taking responsibility for her own sexual pleasure, and then later challenged the patriarchal beliefs she held that a woman should follow her husband's lead, and that men should manage the financials in the family, by taking charge of the finances and pursuing a career for herself.

The understanding of choice and therefore the development of voice, is the result of the intersection of embodied knowledge, socially constructed meaning, and physical and emotional support. It was the intersection of these factors that facilitated a transformative experience for the women, an experience that challenged their knowledge of their selves as victims, or someone to be abused and silenced, to a knowledge of their selves as whole, as women with dignity and voice.

8.3 Readiness

In the healing process the research participants reached a point of crisis when they felt that the risk of trusting, of telling, remembering or of naming the sexual abuse was less than the risk of not doing those things. To reach a point of readiness for each transition in this model, the women hit a point where not to make the transition was more dangerous than to do it. Several of the research participants experienced this as a very real, life

threatening risk. This is where supportive relationships with people they felt they could trust were most important.

At the point of the first naming the women experienced the feeling of flirting with danger because they were breaking the rules of secrecy and silence. To reach the point of subsequent namings, when they were choosing to recognize and heal from the abuse, the sense of danger was overwhelming. When the women made the decision to change, to talk about the abuse and to do whatever they needed to heal from the abuse, they were making the decision to no longer follow the rules. They were choosing to either make their own rules, or to find other rules that worked better for them. They had often been told not to do this, or had been punished for breaking the rules in the past. Without the belief that the change was more important to them than how their life would be without making that change, they would probably not have taken the risk and broken the silence and the rules. For example, Corrie felt that she could no longer parent her children if she did not do whatever it took, and being a mother to her children was the most important thing in her life. M.C. and Lisa almost lost their lives, and recognized that what ever they had to face to heal was not worth dying for, and Jen, Les and M.J. were determined to break a cycle of pain in order to parent their children and not have the chance of their children being abused like they were. They each reached a point of readiness for the transition points.

8.4 Endings and Beginnings

A shift occurred for the women when they no longer offered silent, vulnerable and controllable bodies. This shift marked both the beginning of the women's healing stories, and the endings. In the healing process, beginnings and endings blend. Leslie Rebecca Bloom suggests:

when conventional closures are reproduced in women's narratives, the conflicts women face living under patriarchy become masked in their texts. Masking conflicted experiences and feelings in women's narratives leads to narrative closures that maintain patriarchal control because they offer readers an alternative to neither unitary subjectivity nor the status quo of women's lives.⁶⁴

None of the research participants describes a happy ending. They describe endings that are continuations, that convey a less unhappy woman who at times finds peace and happiness, more than they experienced previously. They also explained that the opportunity to

narrate their healing story was not available to them, outside of this research project, and that they understood themselves differently, as stronger and as having experienced healing, as a result of their participation in this research process. This indicates the need for a space for a discourse of healing, a space that is not offered through current therapeutic interventions.

Every woman stated clearly that she is not healed, and that someone can never be healed, although they can find peace and live a life that is not defined by the sexual abuse. The ending in their stories marks a beginning, because she is never done, and always starting. This does not necessarily mean that she is continually working towards healing, a dangerous assumption because it presupposes a trajectory, and the stories do not convey a directional path towards one ending. This finding is consistent with the findings in Anderson's study of recovery from child sexual abuse, when the research participants challenged the researchers to set aside their assumptions about a healing trajectory, because the reality of recovery was such that their lives did not have a storybook ending.⁵⁵

Several of the women also stated that despite the horrendous experiences, the pain, and lifetime impact the abuse had on them, they would not change their experience, because they like who they are today. The sentiment, while reflecting a narrative ending that maintains the patriarchal structure of 'happy ever after' that is clearly not the case, also offers an alternative to the status quo of women's lives. In the process of healing the women have challenged the scripts of what it means to be a woman, even while following one particular script, that of a happy ending. If I were to look for a conventional closure in the women's narratives of healing, rather than recognizing the inherent contradictions and tensions, I would be complicit in reproducing the master narrative of a happy ending. As the researcher and the re-storier, I am telling women's stories that, as Bloom suggests, "no longer misrepresent and limit women's experiences and identities,"⁶⁴ in the same way that the healing story, is a story of women themselves learning not to misrepresent and limit their experiences and identities. This new ending is one of women challenging hegemonic practices by disrupting, reclaiming and choosing their selves, their stories and ultimately, their bodies. In my story of their stories, by portraying the model as circular, ongoing, I choose to do the same.

My own embodied 'master narrative' entered into the analysis of the women's stories in the analysis of their endings. In reading Bloom's account of her own process of uncovering

the master narrative of one of her research participants,⁶⁴ I recognized my own reaction to the women's statements that they would not change their abuse experience because they are happy with who they are now, and who they are now is largely the result of the struggle they have had in life with the impact of the sexual abuse. I can still feel in my body my struggle to accept what I believed was their story of acceptance of being sexually abused.

There may be danger in defining a model for healing. Models can become perceived as rigid processes that end up becoming proscribed. Once life events become proscribed, they can no longer be a part of an organic living and unique story, and the very elements that build to the transition points may be dismissed. I invite the reader to join me in being mindful of this risk.

8.5 Healing the Physical Body

I didn't know I had all that [anger] stored away inside of me and it was killing me. [Sara]

The stories of healing are of the body and of the soul. In the literature, the health impacts for women who were sexually abused in childhood are predominantly framed in a biomedical model. Many of the effects of sexual abuse, including addictions, self-harm, psychiatric or mental health diagnoses are troubling for them, their family and their community. Every woman in this research project experienced physical and psychological diagnoses, some of which were life threatening. Every one of the research participants has experienced improved health, some dramatically improved, from the beginning of the first story, until the conclusion of the interviews. Many lived through cancer, suicide attempts, hospitalizations for life threatening illnesses, addictions, depression, and surgery. While some of the women continue to have health concerns, relative to how their stories began, at the time of the last interview they could be considered to be living a life of good health. The healing the women experienced was a healing of the soul, but as the soul healed, so did these women's physical bodies, conveying the relationship between the physical and the subjective bodies in the context of healing from child sexual abuse.

8.6 Summary

Healing is a life process, not an intervention or the result of a quick fix or repair from a

professional. While healing from child sexual abuse happens, the women are clear that they are never healed. To the women in this study, healing means living a life that is no longer defined by the experience of child sexual abuse.

Child sexual abuse is constituted through normative discourses and social practices as morally reprehensible, and at the same time it is constituted as acceptable, through the invisibility of sexual abuse in the public domain and through practices that continue to mark a women's body as 'not hers', as acceptable. This incongruence is embodied for women who were sexually abused as children. The relationship of the three bodies, the individual, social and political bodies, is balanced in a manner that reflects the reality of victimization and powerlessness as experienced by the child who is sexually abused. For fourteen women, healing from CSA occurred as the relationship between the three bodies was disrupted and rebalanced to a relationship that engages and nurtures the individual body more fully and creates the space to contest the messages of the social and political bodies. This rebalancing of the bodies occurred once the experiences were named and the embodied messages of ownership disrupted. In this process, each woman reclaimed her individual self, her soul. The naming and disrupting occurred with time, and with strong formal and informal supports. The body is the lead in, and the site of, the healing process.

What the women were, and are, healing from is an assault on the soul that is the result of an assault on the body. Through the acts of sexual abuse, ownership of the soul was contested, a theft of the most personal nature. For these women, there will always be incongruent messages, but the way they negotiate the messages is different. Each woman now knows that she can live, not as victim but as a strong woman, congruent with herself. She has reclaimed her self.

CHAPTER 9

CONCLUSION

While comparable and reliable estimates of the true incidence of child abuse and maltreatment in Canada are not available,¹ it is believed that the number of girls sexually abused in childhood ranges from between one-in-three to one-in-five.²⁻⁴ Child sexual abuse is recognized as a major public health problem.⁵

There is a gap in the literature regarding how healing happens for women who were sexually abused in childhood. Given the number of girls sexually abused in childhood, this gap has direct relevance for women's physical well being. Interventions in adulthood typically take the form of programs such as mental health services, sexual assault centers, and counseling agencies. There is literature that considers healing and recovery of the material body, and of the emotional and psychological body. What is not considered is how healing happens for a woman as a whole person. This research addresses that gap in the literature. A strength of this research is the broadening of the context of healing from child sexual abuse to the experiences of women who are healing, in the context of their individual, social and political lives.

9.1 Child Sexual Abuse

The discourse regarding child sexual abuse is contradictory, contributing to skepticism and silencing regarding child sexual abuse and its effects, and at the same time, contributing to an understanding of sexual abuse as a form of social control. By portraying women as victims who are being socially controlled through violence, women are portrayed implicitly as having no agency. Similarly, the language of trauma is used in much of the research and literature regarding child sexual abuse, potentially reinforcing the image of someone who was sexually abused as a child, as a passive adult victim. This implicit message of passivity perpetuates a cycle of oppression of women.

Much of the therapeutic literature, such as the research that uses the language of recovery from child sexual abuse, is framed in a deficit, trauma and interventionist manner and is grounded in specific theoretical perspectives that pathologize the women and either exclude the body, or consider the body but not in its socio-cultural and political context. Focusing on the whole woman rather than on diagnoses provides greater flexibility in responding to the complexity and the context of her story. Similarly, considering the relationship of abuse to the broader structural relationships of power make it possible to address the danger of perpetrating structural violence by critically considering and addressing power inequalities and practices in the research process.

Memory and remembering child sexual abuse is a broad topic that is relevant to understanding the healing, and in particular the naming, process from child sexual abuse. Edward Casey's analysis of memory⁸ was used as a basis for memory analysis.

The nature of the sexual abuse of children is such that it that occurs to, in and of the child's body in a personal, social and political context. In order to research the adult's healing process from child sexual abuse and violence, it was imperative that power relationships were considered, and that the body was not neglected. There is a broad multi-disciplinary literature on the body. I considered my findings in light of Lock and Scheper-Hughes's description of the three bodies: the individual, the social and the political.¹⁹ This approach provided a conceptual approach for an investigation of healing from sexual abuse that made it possible to recognize power, gender and violence. Hacking's language of the soul⁷ was used interchangeably with 'self' in this document to convey the non-unitary subjective 'self' that is the body.

9.2 Methodology

In order to recognize relationships of power and gender, sexual abuse was considered within the broader structural relationships of power. The integrity of the methodology was determined in an effort not to inadvertently replicate a pattern of abuse towards the woman's sense of self, trust and personal safety. In order to understand the research participants as whole, rather than as individuals with a diagnosis, the methodology chosen considered women from a life story perspective and not a trauma or interventionist manner.

Using a narrative approach, each of fourteen women told their stories of healing, and the

transcripts were analyzed using holistic content analysis. The narratives were then restoried temporally by using a problem-solution narrative structure approach. Relationships of power, embodiment and the social context were considered in light of the literature from anthropology, sociology, social work, psychology, feminism, trauma, abuse and therapy. The pattern of healing that emerged from the restorying was then considered against the salient themes and the literature, which led to a model of healing.

9.3 Findings

Four main themes emerged from the holistic content analysis of the women's stories: naming, remembering and memory; support; challenge; and body. In addition, after reconstructing the women's stories of healing and considering them all together, a pattern of healing was determined. The presence of each participant's body was woven through and with the other themes and in the broader pattern of healing. A model of healing emerged that integrated the themes and the pattern of healing with the literature.

Naming, Remembering and Memory

Naming and memory emerged as two distinct and salient concepts, but they were more interrelated than they were distinct. Naming is the process of signifying that what happened is called sexual abuse, and memory is the process of remembering or not remembering the incident(s) of sexual abuse. Naming the experience as child sexual abuse can not occur without some kind of memory knowledge of what it is they are naming. Naming and remembering are also linked with knowing, as shown in the three distinct categories that emerged as a part of the theme 'naming', that included: women who had memories without a name; women who did not remember or know; and, women who remembered and knew.

Support

All of the women included support, both formal and informal, as key to their healing process. There was at least one person who the women trusted fully, someone who was constant, respectful and available. The women were unable to name their abuse, or tell someone about it, until they experienced this support. The experiences of support and safety intersected with trust for the research participants. Trust is a theme that was woven

through all of the stories, and was a foundation for the women to heal.

Financial support was noted as important for the women in this research project. Some of the women lived in poverty, and others were grateful for the support of partners and medical care that enabled them to take the time they needed for their healing. Sara explained that it was because she had medical insurance that she had been able to take the time to become well, and it took a long time. Jen stated several times that her husband provided unconditionally, including tremendous expense for therapy for her, and that without this support, she does not believe she would “be here today.”

Crisis and Challenge

The women experienced a moment or moments of being challenged, and a period of crisis, often occurring at about the same time. The challenge was to the way they saw their self and to how they saw the world as it relates to them. This experience linked the women’s identity with the process of naming. The recognition of having been sexually abused and then of the impact of the abuse on her, facilitated an understanding of why the women reacted or lived in particular ways. The crisis precipitated the second naming, and was the point when the women recognized the extent of the impact of the sexual abuse on them, and when they understood that the danger of not making changes was greater than the danger of making changes. They had reached a point of readiness to heal.

Body

There is a relationship within and between the body, the woman’s memory, and her social understanding of sexual abuse. This relationship enables the body to inform the woman, and the social world, about the abuse. Whether the knowledge of the sexual abuse was named out loud or to herself, the naming of the abuse was the signifier as well as the gateway between the body and the social world. The body is the informant.

The woman’s individual, social and political selves intersected in the women’s bodies in a manner that facilitated the naming of the abuse as sexual abuse, and that created the space where inconsistent messages were experienced, named, and challenged.

Pattern of Healing

When all fourteen of the stories were reconstructed and considered in chronological sequence, a consistent pattern of healing emerged. For every woman: there were two stories of healing; there were two events of naming; there was one point of crisis; and there was a period of telling about the abuse. The sequence for these points in the overall plot of the story was also consistent, and appears as follows: first story; first naming; crisis; second naming; second story; and, telling. For some of the women, telling did not occur discretely at the end of this process, but was woven throughout their stories.

A Model of Healing

It was found that healing is a life process, not an intervention or the result of a quick fix or repair from a professional. While healing from child sexual abuse happens, the women are clear that they are never healed. To the women in this study, healing means living a life that is no longer defined by the experience of child sexual abuse.

In order to capture the complexity of the women's stories that integrates the pattern of healing common to the research participants and the themes, with the literature, a model of healing was developed. This model (cf. Figure 8.1) describes a process that includes receiving, naming, disrupting, reclaiming and choosing, all of which are grounded in relationships of support, safety and trust. The body is the lead in the healing process.

When I set out to do this research, I imagined that I would likely learn that being engaged in a supportive, non-judgmental community of care facilitated women's healing process. What I found is that, while a community of support was necessary for the healing process, it was the women's experience in their body within the context of community that facilitated the healing process. It was the messages the women received and the relationship of the messages with their selves whether or not they are actively involved in the community, that was the most important factor for their healing. The greater insight is that it is not simply belonging to an accepting community that builds the trusting relationships that lead to healing. As shown in the model presented in the chapter on healing (cf. Chapter 8), it is the messages received, accepted, and challenged as a result of supportive relationships that matter, and the role of the body in this process.

The relationship of the individual, social and political bodies, is balanced in a manner

that reflects the reality of victimization and powerlessness as experienced by the child who is sexually abused. For fourteen women, healing from CSA occurred as the relationship between the three bodies was disrupted and rebalanced to a relationship that engaged and nurtured the individual body more fully, and created the space to contest the messages of the social and political bodies. This rebalancing of the bodies occurred once the experiences were named and the embodied messages of ownership disrupted. In this process, each woman reclaimed her individual self, her soul. The naming and challenging occurred with time, and with strong formal and informal supports. The body was the lead in, and the site of, the healing process.

The women's stories showed that it was in the every day events, the multiple points of entry such as relationships with partners and family, therapists, art programs, hospitalization, careers, parenting or educational events during professional training days, that intersections occurred within the body, and between the body and the social and political environment. Those intersections created the space where healing could occur. With experiences of care and support, the women were more able or willing to take risks, and the more receptive her body was to listening to her self. This created the space for her to experience dissonance, to disrupt previously held beliefs, and to then reclaim her knowledge and ultimately, her self.

The healing stories are incremental stories of these incidents and relationships, woven with insights, self-awareness and body discovery. They are stories of women recognizing that they have a choice: in their own story; in how they understand their self; in their understanding of the sexual abuse; and in the acceptance and rejection of the messages they experienced as children and then as adults. In doing this, each woman reclaimed her body, and her soul.

9.4 Contributions

The contribution of this research is to have documented stories of healing from the perspective of fourteen women who were sexually abused in childhood, in order to determine the healing process in a holistic manner that incorporates identity, community, agency, and life story. This research also contributes to the body of knowledge in the four main themes that emerged: naming, remembering and memory; support; challenge; and, body. In re-

lation to other research in the area, the themes, ‘naming, remembering and memory’ and ‘body’ are the most distinct. The focus on the body also addresses a gap in the literature.

Through the restorying process, a pattern of healing emerged. This allowed for an integration of two distinct narrative analyses that provided a model of healing. This model reflects the stories of healing in relation to women’s bodies, memories, and the social and political world. While therapy was very important to the healing process for each woman, their healing story began before they accessed professional supports to heal from the effects of the sexual abuse. For every woman, healing began with the life events, and the informal supports that facilitated the process of remembering and naming. The model reflects this life process, and is perhaps the most significant result to be followed up in future research.

Finally, this research contributes methodologically, by integrating two distinct narrative analyses, thematic and temporal, with an emphasis on the body.

9.5 Limitations and Strengths

Limitations to narrative research include the danger of distancing on the part of the researcher from the storyteller, the research participant. As much as possible, this was mitigated by methods, such as including my body in the text, and using longer quotes that ensure authenticity and immediacy, rather than distancing, of the research participant’s voice and meaning. By locating myself and my position as researcher, student, and professional in the field, I entered into the discourse as a participant, not as a disembodied other. The approach to addressing this potential limitation of the research became a strength, as the research participants noted that my role as someone who was familiar with women’s stories of abuse and healing ensured more robustness of data because of the comfort the women felt with me as researcher.

A second limitation of narrative research is that while story and story telling can respond to complex issues, the complexity of our structure of patriarchy is embodied in the story. This was addressed, as much can be done by someone who lives in the same structure of patriarchy, by being mindful of the risk throughout the research process. This was accomplished by considering the stories, and my analysis of the stories, in light of a feminist framework once the initial data analysis was completed. It was this process that led me to consider the endings of the women’s narratives from the perspective of the master

narrative.

Strengths of narrative research are that it offers the possibility of responding to the complexity and the context of experiences of healing with a population who have experienced violation and vulnerability, and who have historically not been heard in a way that gives authority to their knowledge and to their story. Narrative methodology also makes it possible to consider stories in a way that allows for consideration of the institutionalized practices and ideologies that make abuse, and possibly healing, possible. Finally, narrative research is inclusive and respectful of the research participant's worldview, and as such is a methodology that addresses cultural differences between researcher and research participant.

In the researcher and research participant relationship, the participants had power because the story was their's to tell, and their's to confirm. They also had control over the way of telling their story, how much to tell of it, and where it stopped and started. The nature of a narrative approach is such that any vulnerability on the part of the research participant can be responded to sensitively.

This research included a strong multi-disciplinary approach, contributing to the emergence of a unique model for healing. Finally, an audit trail of the data generation process was maintained, and the research participants were engaged in the transcripts approval process, ensuring accuracy of the data and therefore strengthening the rigour and legitimacy of the research.

9.6 Recommendations and Future Research

It is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil.¹⁵

I anticipate the model of healing developed in this research being strengthened through future research, with the results used to develop best practices for practitioners when developing programs, services and policy for women who have been sexually abused in childhood. The most significant implication of this model is that the discourse regarding CSA needs to become more visible in the public. Particularly relevant are the secondary and post secondary education systems; the health care system; human service systems, including counseling services; faith based organizations; the justice system; and the media.

The most important finding from this research, that the issue of child sexual abuse needs to be more fully visible and recognized, both in the public and in the private domains, leads to the policy recommendations. As suggested in this quote, to do nothing is to support the perpetrator. There is much that could be done to support women, and hopefully men as well, to work towards healing from the effects of child sexual abuse, and more importantly, to prevent the sexual abuse in the first place. As delineated in both the pattern of healing, and in the model, there is an almost serendipitous nature to the initial process of healing for the women, a process that is possible because of the support and the public visibility of child sexual abuse. Following this is a more deliberate process of healing, when the women actively sought resources and support to resolve the effects of the sexual abuse.

The policy implications are delineated in this manner, followed by recommendations for future research. Recommendations include policies that address: a) the social conditions that support women in beginning the process of healing; and policies that address b) specific interventions that provide support to women when they are actively seeking to heal from the effects of child sexual abuse.

With the emphasis on public awareness of CSA in general comes the need for awareness of the power relationships regarding CSA. The power relations surrounding CSA are such that any discourse is likely to incur a challenge in the public domain. Policy needs to be developed for media coverage of CSA, in order to interrupt the discourse that is silencing, pathologizing and victimizing.

9.6.1 Policy Recommendations for Public Awareness

To address the broader social conditions that enable the healing process, I recommend policies be developed to:

- promote awareness of child sexual abuse in the media and in the following systems: education, faith based, justice, health, counseling and social services
- ensure that teachers (elementary and secondary) are educated on CSA awareness
- mandate the implementation of (the already existing and excellent) educational workshops on child sexual abuse awareness for children in each year of elementary and secondary school

- mandate the inclusion of accurate information in all media releases and articles regarding CSA (eg. statistics on prevalence; that most csa is perpetrated by someone known to the child, a family member or someone trusted by the family; indicators of csa; legal responsibility to report suspicion, etc.) For example, in my work in crisis intervention, I was invited to edit any newspaper article on suicide in order to mitigate risk. A similiar approach could be used for any article on child sexual abuse.
- ensure that health professionals are educated on the issue of CSA
- promote the inclusion of the body in programming and healing activities, such as: therapy; and, complementary and alternative medicines

9.6.2 Policy Recommendations for Actively Healing from CSA

To address the needs of women who are actively engaged in the healing process, I recommend policies be developed to:

- ensure financial and employment practices are available to support women CSA
- ensure ongoing training in best practices for therapists
- provide for affordable (e.g., sliding scale or no fee) counseling services for women CSA
- mandate sensitive practice training for health professionals

9.6.3 Future Research

Areas for future research include:

- to further develop and strengthen the model of healing for women and men healing from CSA
- to further investigate the process of naming in relation to memory and remembering for women CSA, men who were sexually abused in childhood, and adults who have survived other violations to their body
- to continue investigating the experience of the body in the process of healing from child sexual abuse

- to investigate the relationship between community support and healing from child sexual abuse
- to investigate therapeutic interventions for healing from child sexual abuse modalities that incorporate the body
- to continue research into the impact of media representation on healing from CSA
- to determine best practices for media regarding the portrayal of CSA
- to develop methods of narrative analysis that integrate temporal and thematic approaches
- to investigate activities on healing from violence and abuse that are the result of power imbalances (e.g., intimate partner violence; child neglect and maltreatment; and healing from racism and discrimination)
- to determine best practices for direct service providers working with people healing from child sexual abuse

9.7 Summary

This research provides a model for women healing from child sexual abuse that incorporates the body in the social and political context. Women who were sexually abused in childhood are healing from an assault on the self manifested by an assault on the body. I searched for an answer to the question: How does healing from child sexual abuse happen for women, and I found the answer: by reclaiming her soul.

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APPENDIX A

AGENCY LETTER

K. Wood
503 Copland Cresc.
Saskatoon, SK S7H 2Z4
(306) 373-5370
(506) 488-2712

May 20, 2007

To Whom It May Concern:

I am writing to ask for your consideration of a research project I am conducting titled: Women's Stories of Healing From the Effects of Child Sexual Abuse. I hope to interview six to twelve women about their experience of healing from the effects of sexual abuse in childhood.

I currently work as the Director of Tamara's House Services for Sexual Abuse Survivors Inc., and am a PhD candidate in the Department of Community Health and Epidemiology, University of Saskatchewan. Using a narrative methodology, I hope to explore the experience of healing, from the perspective of the women.

I am asking your organization if you would be willing to support this research by posting a notice inviting participation in the research project. A copy of this invitation is enclosed.

If you have any questions, or if you are willing to support this research by posting the notice, I can be reached at (306) 373-5370.

Thank you for your time.

Yours truly,

Karen Wood, B.S.W., M.Ed

APPENDIX B

LETTER OF INVITATION

Women's Stories of Healing From the Effects of Child Sexual Abuse

RESEARCH PROJECT

Are you a woman who feels you have experienced healing from the effects of child sexual abuse? If so, and if you are interested in sharing your story for research, I would like to hear from you.

As a graduate student at the University of Saskatchewan in Community Health and Epidemiology, I am interested in exploring what healing from the effects of child sexual abuse means. The goal of this research project is to document women's stories of healing, in order to better understand how healing happens. **I am looking for women who:**

- a) feel they have experienced healing from the effects of child sexual abuse
- b) are 18 years of age or older
- c) have at least one personal and one professional support in place
- d) are willing to share their story of healing over at least two different interviews, no longer than 1 ½ hours each

If you are interested in learning more about this research project, please contact:

Karen Wood, PhD candidate

c/o Tamara's House Services for Sexual Abuse Survivors Inc.

1605 Victoria Avenue

Saskatoon, SK

(306) 683-8667

or kwood@tamarashouse.sk.ca

The University of Saskatchewan Behavioral Sciences Research Ethics Board approved this study on _____. Any questions regarding your rights as a participant can be directed to this committee via the Office of Research Services at (306) 966-2084.

APPENDIX C

INITIAL CONTACT INFORMATION

When a potential research participant has contacted me, I will respond by phone and address the following information:

My name is Karen Wood, I am responding to your call/email that you are interested in participating in the research study Women's Stories of Healing From the Effects of Child Sexual Abuse. I appreciate your interest.

Before we discuss the process for the research itself, I have to confirm that you meet the criteria. Are you:

1. someone who feels you have experienced healing from the effects of sexual abuse in childhood?
2. Eighteen years of age or older?
3. Able to identify at least one personal support and one professional person who you can go to for support if you need it?
4. Willing to share your story of healing in at least two audio-taped interviews of an hour to an hour and a half in length?

If they answer no to any of these, I will thank them for their interest, and explain that I am unable to include them in this research project.

If the answer yes to all of the criteria, I will explain briefly the expectations and their rights for the research process:

This research is participatory, which means that I have a suggested way of doing the research, but I will invite you to make suggestions and give input along the way, that might change how this is done. No changes to the process will take place unless you want them to. You are being asked to participate in two confidential interviews, that will be audio-taped and that will last between 60 and 90 minutes. While I have an office available for these interviews, all interviews will take place at a mutually convenient location and time. The interviews will be open-ended; I will not ask a lot of directive questions. You will be encouraged to tell your own story, in your own way. I will transcribe the interview before the next meeting, at which time I will give you a summary of what I understand you said, and any themes or questions that arise for me. A similar process will happen for the second interview. If it seems necessary or important to have further interviews, we will determine that at the conclusion of the second interview. It will be largely up to you. After we have concluded the interviews, I will provide you transcripts of your interviews to review and authorize their use by signing a data/transcript release form, authorizing the use of information generated in the interviews. A number of measures will be in place to protect your privacy. You are free to withdraw from this research project, and to withdraw from signing the data/transcript release form at any point without penalty. This will be the end of your participation in the research, unless negotiated otherwise.

Do you have any questions?

If yes, I will answer the questions. If no, I will ask if they are interested in receiving reports as they are completed.

APPENDIX D

LETTER OF CONSENT

You are invited to participate in a study, Women's Stories of Healing From the Effects of Child Sexual Abuse. Please read this form carefully and feel free to ask any questions you might have.

Researcher: Karen Wood, B.S.W., M. Ed, Department of Community Health and Epidemiology, University of Saskatchewan (kwood@tamarashouse.sk.ca phone: 683-8667).

Purpose and Procedure: The purpose of this research is to understand the experience of healing from the effects of child sexual abuse, as told by women. You are being asked to provide the researcher with your story of healing, which involves two unstructured, individual interviews. If you wish, you will be invited to participate in the design of the research process.

Interviews will be conducted at a mutually convenient time and place. They will be audio-taped, and will last approximately 60 to 90 minutes. Both interviews will focus on your story of healing from the effects of child sexual abuse. You will be provided a verbal summary of the transcripts and the findings at each consecutive interview, and invited to add any additional information. At the end of the interview process, you will be given a copy of the interviews, and invited to give more feedback. At this time, you will be asked to acknowledge your satisfaction with the data, and authorize the data's use, by signing a data/transcript release form.

Potential Benefits and Risks: The potential benefits of this research are improved programs and services for women who were sexually abused in childhood, and a greater understanding of what healing from child sexual abuse means. There may also be a benefit to telling your story, but at the same time, there is the risk that when you tell your story of childhood sexual abuse, you may experience emotions or memories that cause difficulty. In the event that you experience a negative emotional response, you will be referred to the support/counseling services you have provided, or to a new service, if you wish.

Comfort is ensured through the provision of privacy. You will always be free to tell only as much of your story as you are comfortable. Because of the researchers comfort with the topic, you will not need to be cautious in the kind of information you share, and its effect on her.

There is no risk in the fact that the researcher is also responsible for the management of Tamara's House. I will have no say in any intake process, services or programs you might use at Tamara's House. Any information you share in the research process is confidential, and will not impact on services provided to you in any way.

Storage of Data: In order to protect your confidentiality and privacy, at the completion of the study, all information obtained during the study will be secured for a period of five years by the research supervisor, at which time it will be destroyed.

Confidentiality: Your confidentiality and anonymity will be protected by: a) using a locked filing cabinet to store all relevant information during the course of the research; b) using a coding

system, including self-selected pseudonyms, to keep your name and contact information separate from data collected during the research; c) altering all potentially identifying information; and d) giving you the opportunity to review the final transcript and summary, and sign a data release form authorizing its use in future conference and journal papers as well as for future cycles of the research project. It is important for you to know that if you disclose criminal acts, or if you indicate an intention to harm yourself or others, I may be legally required to report that disclosure.

Right to Withdraw: You may withdraw from the research for any reason, at any time, without penalty of any sort. If you choose to withdraw from the study, any data that you contributed will be destroyed. You are free to not answer individual questions and to stop the tape-recorder should you wish.

Questions: If you have any questions about the research, please feel free to ask. Should any questions arise in the future, you may contact me or the University of Saskatchewan Behavioral Sciences Research Ethics Board (see contact information below). The University of Saskatchewan Behavioral Sciences Research Ethics Board approved the study on October 31, 2007, and any questions regarding your rights as a participant can be directed to this committee via the Research Ethics Office at (306) 966-2084.

Consent to Participate: I have read and understood the description provided above. I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described above, understanding that I may withdraw this consent at any time without penalty. A copy of this consent form has been given to me for my records.

Signature of Participant

Date

Signature of Researcher

Date

APPENDIX E

GUIDELINES FOR QUESTIONS

The research focus will be made clear to each woman by stating: “I would like to understand, for a woman who was sexually abused as a child, how you believe healing happens. I also would like to learn what is meant by the healing journey. What can you tell me that will help me understand this?” I will use the following prompters:

1. What do you believe needs to happen in order for a woman to heal from childhood sexual abuse?
2. What are the priorities for healing?
3. As she makes her points, I will invite her to come up with stories of her own healing that reflect the points that she made.

I will continue this process until she feels done.

As she proceeds, I will use open-ended, reflective, and prompting statements, such as:

- Tell me more about...
- How is (was) that for you?
- I understand you to say... is this right?
- Umm hmmm....

Silence will also be useful, as it will be important for the research participant to have time to find her own words.

Finally, I will use summarizing statements both periodically and in conclusion, in order to check for understanding, to reflect back to her what I heard her say, and to provide structure to the research interview.

APPENDIX F

DATA/TRANSCRIPT RELEASE FORM

Data/Transcript Release Form

I, _____, have reviewed the complete transcripts and interview summaries of my personal interviews in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript and summaries as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interviews with Karen Wood. I hereby authorize the release of these transcripts and interview summaries to Karen Wood to be used in the manner described in the consent form. I have received a copy of this Data/Transcript Release Form for my own records.

Participant

Date

Researcher

Date

VITA

Name: Karen E. Wood

Birthplace: Fredericton, New Brunswick

Education: Ph.D. 2009
Department of Community Health & Epidemiology
University of Saskatchewan, 2005-2009

M.Ed. 2000
Faculty of Education, Queen's University, 1995-2000

B.S.W. 1984
Faculty of Social Work, University of Calgary, 1981-1984

E.C.E. 1978
Canadian Mothercraft Society, Toronto, Ontario, 1977-1978

Experience: Research Manager
Tamara's House, Saskatoon, SK, 2008-2009

Director, Tamara's House, Saskatoon, SK, 2003-2008

Residence Coordinator
Tamara's House, Saskatoon, SK, 2002-2003

Wraparound Coordinator
F.L.&A. Wraparound Initiative, Kingston, ON, 2000-2001

Educational Consultant, Kingston, ON, 1995-2000

University Residence Coordinator & Don
Queen's University, Kingston, ON, 1992-1995

Crisis Counselor
Beechgrove Children's Centre, Kingston, ON, 1989-1991

Juvenile Probation Officer
Calgary Social Services, Calgary, AB, 1986-1988

Teen Line Coordinator
Distress Centre/Drug Centre, Calgary, AB, 1985-1986

Child Care Worker, New Brunswick and Alberta, 1978-1984